

**BYLAWS OF THE MEDICAL STAFF
OF THE ARROWHEAD REGIONAL MEDICAL CENTER
EFFECTIVE 7/1/2003 – 12/31/05**

TABLE OF CONTENTS

	Page
PREAMBLE	4
DEFINITIONS	5
ARTICLE I NAME	6
ARTICLE II PURPOSE	6
ARTICLE III MEDICAL STAFF MEMBERSHIP	7
Nature of Medical Staff Membership	7
Qualifications for Membership	7
Effect of Other Affiliations	7
Nondiscrimination	8
Responsibilities of Medical Staff Member	8
Harassment Prohibited	9
ARTICLE IV CATEGORIES OF THE MEDICAL STAFF	9
Medical Staff Categories	10
General	10
Active	10
Active Teaching	10
Transfer of Active Staff Member	11
Administrative	11
Consulting	11
Courtesy	12
Courtesy Teaching	12
Honorary/Associate Retired Medical Staff	13
Moonlighting Physician	14
Provisional	14
ARTICLE V APPOINTMENT AND REAPPOINTMENT TO THE MEDICAL STAFF	16
General	16
Appointment Authority	16
Preparation of Recommendation	16
Burden of Proof in Connection with All	16
Applications	16
Content of Application	17
Application Fee	17
Physical and Mental Capabilities	18
Effect of Application	18
Action on the Application	20
Reappointment Process	22
Leave of Absence	24
Requesting Additional Privileges	24
Exclusive Staffing	24

ARTICLE VI	CLINICAL PRIVILEGES	25
	Exercise of Privileges	25
	Delineation of Privileges In General	25
	Temporary Privileges	25
	Emergency Privileges	27
	Clinical Privileges – Non Use	27
	Proctoring	27
	Responsibility of Provisional Member	28
	Responsibility of Proctor	28
	Completion of Proctoring	28
	Failure to Complete Proctoring	28
	Termination of Privileges Due to	
	Alteration of Member's Contractual Status	29
	Verification of Scope of Practice	29
	Privileges for Limited License Practitioners	29
ARTICLE VII	CORRECTIVE ACTION	31
	Role of Medical Staff in Organizational Wide Quality Improvement Activities	31
	Investigation	31
	Subsequent Action	33
	Summary Restriction or Suspension	33
	Automatic Suspension and Limitation	34
	Medical Executive Committee Deliberation	35
ARTICLE VIII	HEARING AND APPELLATE REVIEW PROCEDURE	36
	General Provisions	36
	Application of Article	36
	Grounds for a Hearing	36
	Requests for Hearing	36
	Representation	39
	Conduct of Hearing	39
	Automatic Suspension or Limitation of Privileges	42
	National Practitioner Data Bank Reporting	42
	Final Action	43
ARTICLE IX	OFFICERS	44
	Officers of the Medical Staff	44
	Qualifications of Officers	44
	Election of Officers	44
	The Term of Office	44
	Vacancies of Office	44
	Removal of Elected Officer	44
	Duties of Officers	45
ARTICLE X	CLINICAL DEPARTMENTS	47
	Organization of Departments and Sections	48
	Qualifications, Selection and Tenure of	
	Department Chairmen and/or Section Directors	49
	Functions of Department Chairmen and/or Section Directors	50
	Functions of the Department	50

ARTICLE XI	COMMITTEES	51	
	Designation	51	
	The Medical Executive Committee	52	
	Reports to the Medical Executive Committee	53	
	Joint Conference Committee	54	
ARTICLE XII	MEETING AND ATTENDANCE REQUIREMENTS	55	
	Medical Staff Meetings	55	
	Quorum	55	
	Minutes	56	
	Attendance Requirements	56	
ARTICLE XIII	IMMUNITY FROM LIABILITY	58	
ARTICLE XIV	CONFIDENTIALITY OF INFORMATION	59	
	General	59	
	Breach of Confidentiality	59	
ARTICLE XV	DOCUMENTS IMPLEMENTING BYLAWS	60	
	Medical Staff Rules and Regulations		60
	Medical Staff Committee Manual	60	
	Department Rules and Regulations	60	
ARTICLE XVI	AMENDMENTS	61	
	Bylaws	61	
	Rules and Regulations and Committee Manual	61	
ARTICLE XVII	ADOPTION	62	

**BYLAWS AND RULES AND REGULATIONS
OF THE MEDICAL STAFF
ARROWHEAD REGIONAL MEDICAL CENTER**

PREAMBLE

These Bylaws are adopted to provide a framework for self-government for the Medical Staff Organization of Arrowhead Regional Medical Center that permits the Medical Staff to discharge its responsibilities in matters involving the quality of medical care, to govern the orderly resolution of issues and the conduct of Medical Staff functions supportive of those purposes, and to account to the Governing Body for the effective performance of Medical Staff responsibilities. These Bylaws provide the professional and legal structure for Medical Staff operations, organized Medical Staff relations with the Governing Body, and relations with applicants to and members of the Medical Staff.

The Medical Staff Organization at the Medical Center requires that each member agree to abide by the code of Ethics of his/her profession. It further requires that Doctors of Osteopathic Medicine subscribe to the distinctive osteopathic approach to the provision of care. It is expected that this approach is central to their practice. This includes, but is not limited to, the performance of a structural assessment as a part of the history and physical examination as appropriate. Osteopathic manipulation treatment is also expected to be a component of the treatment program where indicated.

DEFINITIONS

- I. "Allied Health Practitioner" or "AHP" means an individual other than a licensed physician, dentist, or podiatrist, who functions within the limits established by the Medical Staff, by the Governing Body, if applicable, and the applicable State Practice Act. AHPs are not eligible for Medical Staff membership.
 - A. Independent

Nurse Anesthetists and Nurse Midwives are independent Allied Health Professionals. They may be granted clinical privileges in conformity with these Bylaws and the Rules and Regulations adopted pursuant thereto.
 - B. Dependent

Mid-level practitioners including, but not limited to, clinical psychologists, physicians assistants and nurse practitioners whose scope of practice is defined by a job description and approved by the Committee on Interdisciplinary Practices (CIDP) and Medical Executive Committee. They function under the supervision of a member of the Medical Staff.
- II. "Clinical Privileges" describe the specific patient services which each member of the Medical Staff or independent Allied Health Professional has been authorized to provide.
- III. "Department Chairman" means the individual appointed by the Medical Director with the concurrence of the Executive Committee and the Governing Body to direct one of the departments of the Medical Center.
- IV. "Director" means the individual appointed by the Governing Body to serve in an administrative capacity.
- V. "Executive Committee" and "Medical Executive Committee" mean the Executive Committee of the Medical Staff, which constitutes the Governing Body of the Medical Staff as described in these Bylaws.
- VI. "Ex officio" means service by virtue of office or position held. An Ex officio appointment is with vote unless otherwise specified.
- VII. "Governing Body" means the San Bernardino County Board of Supervisors.
- VIII. "House Staff" means individuals in an approved postgraduate medical education program at this institution or an affiliated facility who treat patients under the supervision and direction of the teaching members of the Medical Staff.
- IX. "Medical Director" means the appointed individual or his duly authorized designee who directs the medico-administrative affairs of the Medical Center, including clinical services and medical education.
- X. "Medical Staff" means, those physicians, dentists and podiatrists who have been granted recognition as members pursuant to these Bylaws.
- XI. "Medical Staff Year" means the period from January 1 to December 31.
- XII. "Member" means unless otherwise expressly limited, any physician, dentist or podiatrist holding a current California license to practice who is a member of the Medical Staff.
- XIII. "Practitioner" means a currently licensed physician, dentist or podiatrist.
- XIV. "Rules and Regulations" refers to the Medical Staff and/or Departmental Rules and Regulations adopted in accordance with these Bylaws unless specified otherwise.

- XV. "Section Director" means the individual appointed by the Department Chairman with the concurrence of the Medical Director to direct one of the Sections of a Department.

ARTICLE I NAME

- 1.1 The name of this organization shall be the Medical Staff of the Arrowhead Regional Medical Center.

ARTICLE II PURPOSE

2.1 Purposes of the Medical Staff Organization are:

- 2.1.2 To insure that all patients admitted to or treated in any of the facilities, departments or services of the Medical Center receive care which is at a level of quality and efficiency consistent with generally accepted standards and attainable within the Medical Center's means.
- 2.1.3 To insure the highest level of professional performance consistent with generally accepted standards attainable within the Medical Center's means and circumstances.
- 2.1.4 To provide an educational setting that will lead to continued advancement in professional knowledge and skill.
- 2.1.5 To support medical education as follows:
- I) sponsorship of postgraduate programs based here or affiliated with accredited schools of medicine.
 - II) training medical students from such schools.
 - III) training of allied health personnel enrolled in university or college based programs.
 - IV) providing continuing medical education programs for members of the Medical Staff.
- 2.1.6 To initiate and maintain Rules and Regulations for the Medical Staff to carry out its responsibilities for the professional services performed through the Medical Center pursuant to the authority delegated by the Governing Body.
- 2.1.7 To provide the Medical Staff, the Medical Director, the Director and the Governing Body with an opportunity to discuss issues of mutual concern.
- 2.1.8 To provide for accountability of the Medical Staff to the Governing Body.

ARTICLE III MEDICAL STAFF MEMBERSHIP

3.1 Nature of Medical Staff Membership

Membership on the Medical Staff of Arrowhead Regional Medical Center is a privilege, which will be extended only to professionally competent practitioners who continuously meet the qualifications, standards, and requirements set forth in these Bylaws, and Rules and Regulations.

3.2 Qualifications for Membership

No practitioner including those in a medical administrative position, shall admit or provide medical or health-related services to patients in the Medical Center unless the practitioner is a member of the Medical Staff who has been granted clinical privileges or has been granted temporary privileges in accordance with the procedures set forth in these Bylaws. Appointment to the Medical Staff shall confer only such clinical privileges and prerogatives as have been granted by the Governing Body in accordance with these Bylaws.

3.2-1 General

Medical Staff membership (except Honorary and Retired Medical Staff) shall be limited practitioners who are currently licensed to practice medicine, podiatry, or dentistry in California and if an osteopathic physician subscribes to and uses the distinctive osteopathic approach in the provision of care,

The practitioner must;

- document experience, education and training sufficient to exercise the privileges requested, current professional competence, good judgment and adequate physical and mental health (subject to any necessary reasonable accommodation)
- demonstrate, to the satisfaction of the Medical Staff, the professional and ethical competence required for patients to receive a high quality of care consistent with recognized standards.
- demonstrate adherence to the ethics of the profession, and the ability to work cooperatively with others so as not to adversely affect patient care or Medical Center operations.
- keep confidential, as required by law, all information and/or records received in the practitioner-patient relationship.
- be willing to participate in and properly discharge those responsibilities determined by the Medical Staff.
- maintain in force professional liability insurance in not less than the minimum amounts, if any, as from time to time may be established by the Governing Body.

3.3 Effect of Other Affiliations

No practitioner shall be entitled to Medical Staff membership merely because he or she holds a certain degree, is licensed to practice in this or in another state, is a member of any professional organization, is certified by any clinical board, or because he or she had, or presently has, staff membership or privileges at another health care facility. Medical Staff membership or clinical privileges shall not be conditioned or determined on the basis of an individual's participation, or non-participation, in a particular medical group, Independent Practice Association (IPA), Physician Practice Organization (PPO), Physician Hospital Organization (PHO), hospital-sponsored foundation, or other organization, or in contracts with a third party which contracts with this hospital.

3.4 Nondiscrimination

Medical Staff membership or particular privileges shall not be denied on the basis of age, sex, religion, race, creed, color, national origin, or any physical or mental impairment

3.5 Responsibilities of Medical Staff Member

Except for Honorary and Retired members, each Medical Staff member will continuously meet all of the following responsibilities:

- 3.5-1 Provide patients with the quality of care meeting the professional standards of this Medical Staff.
- 3.5-2 Abide by the Medical Staff Bylaws and Rules and Regulations and all other lawful standards, policies, and rules of the Medical Staff, the Medical Center, and external regulatory agencies.
- 3.5-3 Maintain an ethical practice, including refraining from illegal inducements for patient referral, providing for the continuous care of patients, seeking consultation whenever necessary, or medical services, and refraining from delegating patient care responsibility to non-qualified or inadequately supervised practitioners.
- 3.5-4 Abide by the lawful ethical principles of his or her profession.
- 3.5-5 Refrain from discrimination against any person (including any patient, Medical Center employee, Medical Center independent contractor, Medical Staff member, or visitor) based upon the person's age, sex, religion, race, creed, color, national origin, health status, ability to pay, or source of payment.
- 3.5-6 Discharge such medical staff, department, section, committee and service functions for which he or she is responsible by appointment, election or otherwise.
- 3.5-7 Prepare and complete in timely manner the medical and other required records for all patients to whom the practitioner in any way provides services in the Medical Center.
- 3.5-8 Aid in any medical staff approved educational programs for medical students, interns, resident physicians, resident dentists, staff physicians, and dentists, nurses and other personnel.
- 3.5-9 Work cooperatively with members, nurses, hospital administration and others so as not to adversely affect patient care.
- 3.5-10 Refuse to engage in improper inducements for patient referral.
- 3.5-11 Participate in continuing education programs as determined by the Medical Staff.
- 3.5-12 Participate in emergency service coverage per individual department contract requirement.
- 3.5-13 Discharge such other staff obligations as may be lawfully established from time to time by the Medical Staff or Medical Executive Committee.

- 3.5-14 Provide information to and/or testify on behalf of the Medical Staff or an accused practitioner regarding any matter under an investigation and subject of a hearing pursuant to Article VIII.
- 3.5-15 Refrain from any division of fees by or among members of the Medical Staff; any such division of fees shall be cause for exclusion or expulsion from the Medical Staff.
- 3.5-16 Abide by Medical Center Standard Practice Policies governing HIPAA Compliance as part of an Organized Health care Arrangement (OHCA) to allow sharing of protected health information to benefit a common enterprise for a joint health care operation.

4.0 Harassment Prohibited

The County of San Bernardino has adopted policies prohibiting harassment and sexual harassment in the workplace. The paragraphs, which follow, are set forth in addition to the aforementioned policies.

Harassment by a Medical Staff member against any individual (e.g., against another Medical Staff member, house staff, hospital employee or patient) on the basis of race, religion, color, national origin, ancestry, physical disability, mental disability, medical disability, marital status, sex or sexual orientation will not be tolerated.

“Sexual harassment” is unwelcome verbal or physical conduct of a sexual nature which may include verbal harassment (such as epithets, derogatory comments or slurs), physical harassment (such as unwelcome touching, assault, or interference with movement or work), and visual harassment (such as the display of derogatory cartoons, drawings or posters).

Sexual harassment includes unwelcome advances, requests for sexual favors, and any other verbal, visual, or physical conduct of a sexual nature when submission to or rejection of this conduct by an individual is used as a factor in decisions affecting hiring, evaluation, retention, promotion, or other aspects of employment; or this conduct substantially interferes with the individual’s employment or creates an intimidating, hostile, or offensive work environment. Sexual harassment also includes conduct, which indicates that employment, and/or employment benefits are conditioned upon acquiescence in sexual activities.

All allegations of sexual harassment will be immediately investigated by the Medical Staff and, if confirmed, will result in corrective action, from reprimand up to and including termination of Medical Staff privileges or membership, if warranted by the facts.

**ARTICLE IV
MEDICAL STAFF CATEGORIES**

4.1 Medical Staff categories:

Active
Active Teaching
Administrative
Associate
Consulting
Courtesy
Courtesy Teaching
Honorary/Retired
Moonlighting Physician
Provisional

4.2 General:

Each practitioner who is granted clinical privileges will be appointed to a specific department. The practitioner may be granted clinical privileges in more than one department but will have the right to vote only in the primary department, which is determined by the nature of his/her practice. Each practitioner must meet the general qualifications for membership described in Article III.

4.3A Active

The Active-Staff consists of members who:

4.3A-1 admit and care for no less than 25 patients in a year.

4.3A-2 reside in the area and/or are otherwise able to respond promptly when needed and provide continuity of care.

4.3A-3 assume full responsibility at all times for the care of their patients without house officer coverage unless written approval has been obtained from the House Officer's Program Director and the Department Chairman.

4.3A-4 provide back-up coverage for other members with similar qualifications.

4.3A-5 have satisfactorily completed their term in the Provisional category.

Prerogatives

4.3A-6 admit patients and treat patients in the inpatient and outpatient settings, exercising the clinical privileges, which have been granted.

4.3A-7 attend and vote on matters presented at general and special meetings of the Medical Staff and of the department and committees to which the member is duly appointed.

4.3A-8 hold staff, section, or department office and serves as a voting member of committees to which the member has been appointed or elected by the Medical Staff.

4.3B Active Teaching

The Active Teaching Staff consists of members who:

4.3B-1 qualify for a faculty appointment in a medical, dental, osteopathic or podiatric school affiliated with the Medical Center.

- 4.3B-2 participate actively in the Medical Center's teaching program including but not limited to formal and informal didactic presentations.
- 4.3B-3 supervise house staff assigned to the patients admitted to their service.
- 4.3B-4 assume full responsibility at all times for care of the patients they admit.
- 4.3B-5 provide back-up coverage for other members with similar qualifications.
- 4.3B-6 serve as attending physician for the required period defined in the Department's Rules and Regulations and/or admit a minimum of 15 patients per year and/or assume full responsibility for a teaching program or outpatient service.
- 4.3B-7 have satisfactorily completed their term in the Provisional category.

Prerogatives

- 4.3B-8 attend and vote on matters presented at general and special meetings of the Medical Staff, of the department and of committees to which the member is duly appointed; and
- 4.3B-9 hold staff, section, or department office and serve as a voting member of committees to which the member has been appointed or elected by the Medical Staff.

4.4 Transfer of Active Staff Member

After two consecutive years in which a member of the Active Staff fails to regularly care for patients in this hospital or be regularly involved in Medical Staff functions as determined by the Medical Staff, or to regularly participate in the teaching programs, that member shall be automatically transferred to the appropriate category, if any, for which the member is qualified.

4.5 Administrative

Administrative Staff membership may be held by any practitioner who serves the Medical Center or Medical Staff only in an administrative capacity.

The Administrative Medical Staff consists of members who:

- 4.5-1 are responsible for assisting the Medical Staff in medical administration including, but not limited to, quality improvement, utilization review and are an important resource for medical staff educational activities.
- 4.5-2 may attend meetings of the Medical Staff and its departments, including open committee meetings and educational programs, with no right to vote at such meetings, except to the extent the right to vote is specified at the time of appointment to the committee or as described in the Committee Manual.
- 4.5-3 may not admit patients or exercise clinical privileges.
- 4.5-4 may not hold office in the Medical Staff organization.

4.6 Consulting

The Consulting Medical Staff consists of members who:

- 4.6-1 are not otherwise members of the Medical Staff and possess adequate clinical and professional expertise.
- 4.6-2 are willing and able to promptly respond when called to render clinical services within their area of competence.

- 4.6-3 are members of the Active or Courtesy Medical Staff of another hospital licensed by California or another state, although the Medical Executive Committee may make exceptions to this requirement for good cause.
- 4.6-4 have satisfactorily completed their term in the Provisional category.

Prerogatives

- 4.6-5 exercise such clinical privileges as have been granted.
- 4.6-6 attend meetings of the Medical Staff and of the Department of which the practitioner is a member, including open committee meetings and educational programs, but without the right to vote on such committees except when the right to vote has been specified at the time of appointment of patients.
- 4.6-7 may not hold office in the Medical Staff Organization.

4.7A Courtesy

The Courtesy Medical Staff consists of practitioners who:

- 4.7A.1 are certified by or currently qualify for certification by a board recognized by the American Board of Medical Specialties, or the American Osteopathic Association or the American Board of Podiatric Surgery in the specialty that the practitioner will practice at the Medical Center, or have completed a residency approved by the Accreditation Council for Graduate Medical Education that provided complete training in the specialty or subspecialty that the practitioner will practice at the Medical Center. This section shall not apply to dentists.

Persons not fulfilling the above eligibility criteria including board certification may apply for special consideration and must demonstrate that their education, training, experience, demonstrated ability, judgment and medical skills are equivalent to or greater than the level of proficiency evidenced by the eligibility criteria listed above.

- 4.7A-2 provide back up coverage for other members with similar qualifications.
- 4.7A-3 are members in good standing of the Active or Courtesy Medical Staff of another California licensed hospital, or of a Medical Staff organization, which has an established ongoing peer review program. Exceptions to this requirement may be made by the Medical Executive Committee for good cause.
- 4.7A-4 admit and care for less than 25 patients in a year.
- 4.7A-5 have satisfactorily completed their term in the Provisional category.

Prerogatives

- 4.7A-5 admit and treat patients in the inpatient and/or outpatient setting, exercising the clinical privileges which have been granted and provide consultation services as requested.
- 4.7A-6 attend meetings of the Medical Staff and the assigned department including open committee meetings and education programs, without the right to vote except at department meetings when this right is specified in the departmental rules.
- 4.7A-7 serve on committees as assigned, including the Executive Committee.
- 4.7A-8 serve as a voting member of committees to which the member is duly appointed.

Limitations

4.7A-9 may not hold office in the Medical Staff Organization

4.7A-10 assume full responsibility at all times for the care of their patients without house officer coverage.

4.7B Courtesy Teaching

The Courtesy Teaching Medical Staff consists of members who:

4.7B-1 serve as attending physician on an inpatient or outpatient service on a part time basis.

4.7B-2 provide backup coverage for practitioners with teaching appointments

4.7B-3 have satisfactorily completed their term in the Provisional category.

Prerogatives

4.7B-4 admit and treat patients in the inpatient and outpatient setting, exercising the clinical privileges which have been granted and provide consultation services as requested.

4.7B-5 attend meetings of the Medical Staff and the assigned department including open committee meetings and education programs, without the right to vote except at department meetings when this right is specified in the departmental rules.

4.7B-6 serve on committees as assigned, including the Executive Committee.

4.7B-7 serve as a voting member of committees to which the member is duly appointed.

Limitations

4.7B-8 may not hold office in the Medical Staff Organization.

4.8 Honorary, Associate and Retired

Qualifications

4.8-1 Honorary

The Honorary Medical Staff shall consist of practitioners who do not actively practice at the Medical Center but are deemed deserving of membership by virtue of their outstanding reputation and/or, noteworthy contributions to the health and medical sciences, and/or their previous long standing service to the Medical Center, and who continue to exemplify high standards of professional and ethical conduct.

4.8-2 Associate

The Associate Medical Staff shall consist of practitioners:

4.8-2.1 who do not actively practice at the Medical Center and do not have clinical privileges,

4.8-2.2 who have been a member in good standing of either the Active Staff, Courtesy Staff or Provisional Staff for at least one (1) year, and

4.8-2.3 who have not had sufficient clinical activity for advancement or reappointment in their current staff category, or

4.8-2.4 for good reason do not plan to have continuing sufficient clinical activity for advancement or reappointment in their current staff category.

4.8-3 Retired

The Retired Medical Staff shall consist of practitioners who have retired from active practice and, at the time of their retirement had been members in good standing of the Active Medical Staff for a period of at least 5 continuous years, and who continue to adhere to appropriate professional and ethical standards.

Prerogatives

Honorary, Associate and Retired Medical Staff members are not eligible to admit patients to the hospital or to exercise clinical privileges in the Medical Center, or to vote or hold office in this Medical Staff Organization, but they may serve upon committees with or without vote at the discretion of the Medical Executive Committee. They may attend staff and department meetings, including open committee meetings and educational programs.

4.9 Moonlighting Physician

Physicians are residents in an approved training program performing, clinical privileges outside of their residency program. These clinical privileges are not part of their duties and responsibilities of the residency program. They may be granted limited clinical privileges, the scope of which is consistent with their level of training. The department in which they hold privileges shall ensure that a member of the Medical Staff is readily available for consultations as requested by these practitioners. In addition these practitioners must:

- 4.9-1 be in good standing in the training program and maintain such standing for the entire time that they have clinical privileges.
- 4.9-2 possess a current valid California physician's license.
- 4.9-3 have a favorable written recommendation from a faculty member.
- 4.9-4 perform clinical privileges outside of their residency program. These clinical privileges are not part of their duties and responsibilities of the residency program.

Prerogatives

- 4.9-5 may exercise such clinical privileges as have been granted for up to two years or until the completion of the residency program, whichever is shorter.

Limitations

- 4.9-6 shall not be eligible for membership in the Medical Staff Organization, or to hold office or serve on Medical Staff Committees.
- 4.9-7 shall not be eligible to admit patients.

The period during which a moonlighting physician has clinical privileges will not be considered, as the observational period required of individuals appointed to the Provisional Staff category.

5.1 Provisional

The Provisional Staff consists of members who:

- 5.1-2 meet the general Medical Staff membership qualifications and
- 5.1-3 were not members in good standing of this Medical Staff immediately prior to their application and appointment.

Prerogatives

- 5.1-4 may admit patients and exercise such clinical privileges as are granted.

- 5.1-5 may attend and vote on matters presented at general and special meetings of the Medical Staff, of the department and of committees to which the member is duly appointed.

Limitations

- 5.1-6 may not hold office in the Medical Staff Organization.

Observation of Provisional Staff Members

- 5.1-7 Provisional Staff Members are subject to proctoring as set forth in Article VI. Each provisional staff member shall undergo a period of observation as described in Section 6.6 by designated monitors. The purpose of observation shall be to evaluate the member's 1) proficiency in the exercise of clinical privileges initially granted and 2) overall eligibility for continued staff membership and advancement within staff categories. Observation of provisional staff members shall follow whatever frequency and format each department deems appropriate in order to adequately evaluate the provisional staff members including, but not limited to, concurrent or retrospect chart review, mandatory consultation, and/or direct observation. Appropriate records shall be maintained. The results of the observation shall be communicated by the Department Chair to the Credentials Committee.

Term of Provisional Staff Status

- 5.1-8 A member shall remain in the Provisional Staff for a period of twelve (12) months, unless that status is extended by the Medical Executive Committee for an additional period of up to six (6) months upon a determination of good cause, which determination shall not be subject to review pursuant to Articles VII and VIII.

Action at Conclusion of Provisional Staff Status

- 5.1-9 If the Provisional Staff member has satisfactorily demonstrated the ability to exercise the clinical privileges initially granted and otherwise appears qualified for continued membership, the member shall be eligible for placement in the appropriate category upon recommendation of the Medical Executive Committee, and
- 5.1-10 In all other cases, the appropriate department shall advise the Credentials Committee which shall make its report to the Medical Executive Committee which, in turn, shall make its recommendation to the Governing Body regarding a modification or termination of clinical privileges or termination of Medical Staff membership.

Limitation of Prerogatives Applicable to All Medical Staff Categories

- 5.1-11 The prerogatives set forth under each membership category are general in nature and may be subject to limitation by special conditions attached to a particular membership, by other Sections of these Bylaws and by the Medical Staff Rules and Regulations.

Modification of Membership Applicable to All Medical Staff Categories

- 5.1-12 On its own, upon recommendation of the Credentials Committee, or pursuant to a request by a member, or upon direction of the Governing Body, the Medical Executive Committee may recommend a change in the Medical Staff category of a members consistent with the requirements of the Bylaws.

ARTICLE V
APPOINTMENT AND REAPPOINTMENT TO THE MEDICAL STAFF

5.1 General

Except as otherwise provided in these Bylaws, physicians, dentists or podiatrists may not exercise clinical privileges in this Medical Center unless and until the person applies for and receives an appointment to the Medical Staff or is granted, temporary clinical privileges as set forth in these Bylaws.

By applying to the Medical Staff for appointment or reappointment (or, in the case of members of the Honorary Staff, by accepting an appointment to that category), the applicant acknowledges responsibility to first review these Bylaws and the Medical Staff Rules and Regulations and policies, and agrees that throughout any period of membership that he/she will comply with the responsibilities of Medical Staff membership and with the Medical Staff Bylaws, Rules and Regulations and policies as they exist and as they may be modified from time to time. Appointment to the Medical Staff shall confer on the appointee only such clinical privileges as have been granted in accordance with these Bylaws.

5.1-1 Duration of Appointment and Reappointment

All new staff members shall be appointed to the provisional staff and be subject to a period of formal observation and review. Provisional appointments are for not more than twenty months.

Reappointments to any staff category other than provisional shall be for a maximum period of two years. Changes in staff category may be requested at any time during the reappointment period after requirements of provisional status are met.

5.2 Appointment Authority

The Medical Staff shall consider each application for appointment, reappointment and clinical privileges, as described in these Bylaws and prepare a recommendation for consideration by the Governing Body, which has the ultimate responsibility for granting membership and/or clinical privileges.

5.3 Preparation of Recommendation

The Medical Executive Committee acting for the Medical Staff will present a recommendation to the Governing Body within 90 days of the date upon which the Credentials Committee first considered the completed application. The Governing Body will act upon the receipt of this recommendation. If the Executive Committee is unable to make a recommendation, it will notify the Governing Body in writing giving the reasons for the lack of consensus. In this event, the Governing Body may act on its own initiative using the information obtained through the credentialing process.

5.4 Burden of Proof in Connection with all Applications for Appointment or Reappointment

The applicant shall have the burden of producing the information necessary for an adequate evaluation of competence, character, ethics, health and other qualifications and for resolving any doubts about such qualifications and suitability for clinical privileges and Staff Category requested. The applicant's failure to sustain this burden shall be grounds for denial of the application. To the extent consistent with law, this burden may include submission to a medical or psychological examination, if deemed appropriate by the Medical Executive Committee, which may select the examining physician. Such examination will be at the applicant's expense.

5.5 Application

Each application for initial appointment to the Medical Staff is to be in writing on the form approved by the Medical Executive Committee. It is to be signed by the applicant and Department Chairman, and to be submitted with the necessary supporting documents. If applicable, a request for specific clinical privileges signed by the applicant and Department Chairman is to accompany the application for membership. When

an applicant requests an application form, that person shall be given a copy of these Bylaws, the Medical Staff Rules and Regulations, and, as deemed appropriate by the Medical Executive Committee, copies or summaries of any other applicable Medical Staff policies relating to clinical practice in the Medical Center, such as the Rules and Regulations of the Department to which the individual is applying.

5.5-1 Content of Application

The application requests pertinent information including but not limited to:

- 5.5-2 qualifications including professional training experience, current and prior relevant license(s).
- 5.5-3 current DEA registrations, if applicable. Recognizing that certain specialties do not have a DEA, this requirement is not applicable to those specialties such as Pathology.
- 5.5-4 current certifications such as BCLS, ACLS, ATLS, NALS, or PALS as required.
- 5.5-5 current and previous professional and hospital affiliations.
- 5.5-6 continuing medical education information related to the clinical privileges to be exercised by the applicant.
- 5.5-7 past or pending professional disciplinary action, voluntary or involuntary denial, revocation, suspension, reduction or relinquishment of Medical Staff membership or privileges or any licensure or registration and related matters.
- 5.5-8 health status including completion of a physical examination or psychiatric evaluation by a physician who is mutually accepted by the affected practitioner and staff, when requested by the Department Chairman or Medical Executive Committee and subject to the standards set forth in Section 5.6 pertaining to physical and mental capabilities.
- 5.5-9 two (2) professional references from individuals who hold a comparable professional license, including, whenever possible, at least one member of the Active Staff at Arrowhead Regional Medical Center. These individuals must be able to provide adequate reference based upon their current knowledge of the applicant's professional qualifications, clinical competence and ethical character.
- 5.5-10 final judgments or settlements of professional liability claims in which a payment has been made on behalf of the applicant within the past five years.
- 5.5-11 filed and served professional liability cases pending.
- 5.5-12 professional liability coverage of \$1,000,000.00 per occurrence, \$3,000,000.00 aggregate, Applicants who have a medical practice outside the Medical Center must provide evidence of coverage for such outside practice. Those practicing at the Medical Center who are not affiliated with a corporation contracted to provide services to the Medical Center must provide evidence of coverage for practice at the Medical Center and outside it.
- 5.5-13 verification of tail coverage for prior practice, if applicable.
- 5.5-14 an agreement to abide by the Medical Staff and Medical Center Bylaws, Rules and Regulations and applicable policies.
- 5.5-15 reasonable evidence of current ability to perform privileges that may be requested, including but not limited to consideration of the member's professional performance, judgment, clinical or technical skills and patterns of care and utilization as demonstrated in the findings of quality improvement, risk management and utilization management activities.
- 5.5-16 any past, pending or current exclusion from a federal health care program.

5.5-17 Application Fee

Each applicant for Staff membership shall be required to submit the application fee with the application form. No part of the application fee shall be refunded.

5.6 Physical and Mental Capabilities

- 5.6-1 The application shall request information pertaining to the condition of the applicant's physical and mental health on a separate page of the form, which can be removed from the remaining application and processed separately. Upon receipt of the application, the page addressing physical and mental disabilities shall be removed and referred to the Physician Well-Being Committee.
- 5.6-2 When the medical staff office verifies information and obtains references, it shall ask for any information concerning physical or mental disabilities to be reported on a confidential form, which can be processed separately from the other information obtained regarding the applicant. This information will also be referred to the Physician Well-Being Committee.
- 5.6-3 The Physician Well-Being Committee shall be responsible for investigating any practitioner who has or may have a physical or mental disability that might affect the practitioner's ability to exercise his or her requested privileges in a manner that meets the Medical Center's and medical staff's quality of care standards. This may include one or all of the following:
- 1) **Medical Examination** – To ascertain whether the practitioner has a physical or mental disability that might interfere with his or her ability to provide care which meets the Medical Center's and medical staff's quality of care standards.
 - 2) **Interview** – To ascertain the condition of the practitioner and to assess if and how reasonable accommodations can be made.
- 5.6-4 Any practitioner who feels limited or challenged in any way by a qualified mental or physical disability in exercising his or her clinical privileges and in meeting quality of care standards should make such limitation immediately known to the Physician Well-Being Committee. Any such disclosure will be treated with the high degree of confidentiality that attaches to the medical staff's peer review activities.
- 5.6-5 Review and Reasonable Accommodations
- Any practitioner who discloses or manifests a qualified physical or mental disability will have his or her application processed in the usual manner without reference to the condition.
- 5.6-5.1 The Physician Well-Being Committee shall not disclose any information regarding any practitioner's qualified physical or mental disability until the Medical Executive Committee (or, in the case of temporary privileges, the medical staff representatives who review temporary privilege requests) have determined that the practitioner is otherwise qualified for membership and/or to exercise the privileges requested. Once the determination is made that the practitioner is otherwise qualified, the Physician Well-Being Committee may disclose information it has regarding any physical or mental disabilities and the effect of those on the practitioner's application for membership and privileges. Any such disclosure shall be limited as necessary to protect the practitioner's right to confidentiality of health information, while at the same time communicating sufficient information to permit the Medical Executive Committee to evaluate what, if any, accommodations may be necessary and feasible. The Physician Well-Being Committee and any other appropriate committees may meet with the practitioner to discuss if and how reasonable accommodations can be made.
- 5.6-5.2 As required by law, the medical staff and Medical Center will attempt to provide reasonable accommodations to a practitioner with known physical or mental disabilities, if the practitioner is otherwise qualified and can perform the essential functions of the staff appointment and privileges in a manner which meets the Medical Center and medical staff quality of care standards. If reasonable accommodations are not possible under the standards set forth herein, it may be necessary to withdraw or modify a practitioner's privileges and the

practitioner shall have the hearing and appellate rights described in Article 43 VIII, Hearings and Appellate Review, of these the Bylaws.

5.7 Effect of Application

By applying for an appointment to the Medical Staff, each applicant:

- 5.7-1 signifies a willingness to appear for interviews in regard to the application.
- 5.7-2 authorizes Medical Center representatives to consult with other hospitals, persons or entities who have been associated with him or her and/or who may have information bearing on his or her competence and qualifications and authorizes such persons to provide all information that is requested orally and in writing.
- 5.7-3 consents to the inspection and copying by Medical Center representatives of all records and documents that may be relevant or lead to the discovery of information that is relevant to the pending review, regardless of who possesses these records and directs individuals who have custody of such records and documents to permit inspection and/or copying.
- 5.7-4 certifies that he or she will report to the Credentials Committee any changes in the information submitted on the application.
- 5.7-5 releases from any liability, to the fullest extent provided by law, all individuals and organizations who provide information regarding the applicant, including otherwise confidential information.
- 5.7-6 releases from any and all liability the Medical Staff and the Medical Center and its representatives for their acts performed in connection with the evaluation of the applicant.
- 5.7-7 authorizes and consents to Medical Center representatives providing other hospitals, professional societies, licensing boards, and other organizations concerned with provider performance and the quality of patient care with relevant information the Medical Center may have concerning him or her, and releases the Medical Center and Medical Center representatives from liability for so doing to the fullest extent permitted by law.
- 5.7-8 signifies his or her willingness to abide by all the conditions of membership, as stated on the appointment or reappointment application form, and in the Bylaws and Rules, copies of which have been provided to the applicant.

5.7-9 Complete Application

Upon receipt of a signed application, which provides all of the information requested, the Medical Staff Office will seek to obtain primary source verification of the information provided.

The application will be deemed complete when verification has been obtained with respect to licenses, licensing board disciplinary records, specialty board certification, National Practitioner Data Bank information, DEA certification, if appropriate, verification of all practice from professional school through the present, current malpractice liability insurance and peer references. The Medical Staff Office shall then transmit the application and all supporting materials to the Chairman of each department in which the applicant seeks privileges.

5.7-10 Incomplete Application

If the Medical Staff Office is unable to verify the information, or if all necessary verifications have not been received, or if the application is otherwise significantly incomplete, the Medical Staff Office may delay further processing of the application, or may begin processing the application based only on the available information with a proviso that further information must be considered upon receipt.

If the processing of the application is delayed for more than 60 days because of missing information, and if the missing information is reasonably deemed significant to a fair determination of the applicant's qualifications, the affected practitioner shall be so notified in writing. He or she shall be given the opportunity to withdraw the application, or to request continued processing of the application. If the applicant does not respond within 30 days of the date of the notice, he or she shall be deemed to have voluntarily withdrawn the application. If the applicant requests further processing, but then fails to provide or arrange for the provision (within 45 days or any other date mutually agreed to when the extension was granted, whichever is later) of the necessary information that the practitioner could obtain using reasonable diligence, the practitioner shall be deemed to have voluntarily withdrawn the application.

Any application deemed incomplete and withdrawn under this rule may, thereafter, be reconsidered only if all requested information is submitted, and all other information has been updated as necessary.

Notwithstanding the foregoing, an application for appointment and reappointment will be automatically rejected and not processed further if the Medical Center identifies a substantive falsification or omission on the application during any phase of the application process and the applicant is not entitled to the procedural rights described in Article 7, as a consequence of such automatic rejection.

5.8 Action on the Application

5.8-1 Department Action

Upon receipt of a completed application, the Department Chairman shall review the application and supporting documentation, may personally interview the applicant, and shall transmit to the Credentials Committee a written recommendation concerning appointment, and if appointment is recommended, a written recommendation as to Department affiliation and clinical privileges to be granted, and any special conditions to be attached. The Chairman may also request that the Medical Executive Committee defer action on the application.

The evaluation is to include a review of the applicant's physical and mental ability to appropriately exercise the privileges requested, with such reasonable accommodations as may be indicated completed by an individual who has first hand knowledge of the applicant's practice.

5.8-2 Credentials Committee Action

The Credentials Committee will review the completed application, the supporting documentation, the Department Chairman's recommendation and other relevant information within 30 days of the receipt of a completed application. If appointment is recommended, it will forward a written recommendation concerning Department affiliation and clinical privileges to be granted, and any special conditions to be attached to the appointment. The committee may also recommend that the Medical Executive Committee defer action on the application.

At the time of its final review, the Department, the Credentials Committee, or the Medical Executive Committee may defer its recommendation to obtain additional information or in other special circumstances. Action may be delayed for up to 30 days at which time a recommendation is to be made, and the application processed according to the established standards.

5.8-3 Executive Committee Action

The Executive Committee will review the recommendation from the Department and Credentials Committee at its next scheduled meeting. The Medical Executive Committee may request additional information, return the matter to the Credentials Committee for further investigation, and/or elect to interview the applicant.

The Medical Executive Committee shall forward to the Governing Body a written report and recommendation concerning Medical Staff appointment and, if appointment is recommended, a written recommendation concerning membership category, Department affiliation, clinical privileges to be granted, and any special conditions to be attached to the appointment. The Committee may also defer action on the application. The reasons for each recommendation shall be stated.

Effect of Medical Executive Committee Action

Favorable Recommendation

When the recommendation of the Executive Committee is favorable to the applicant a written report with appropriate supporting documentation will be forwarded to the Governing Body within 30 days.

Unfavorable Recommendation

When the recommendation of the Executive Committee is unfavorable to the applicant, either in whole or in part, the Medical Director shall promptly notify the applicant by Certified Mail, Return Receipt Requested. The applicant shall be entitled to the procedural rights described in Article VII.

5.8-4 Governing Body Action

Upon receipt of the recommendation, the Governing Body shall act on the matter.

The Governing Body may adopt, reject, or modify a recommendation from the Medical Executive Committee, or may refer the recommendation back to the Medical Executive Committee for further consideration, stating the reasons for the referral and setting a time limit within which the Medical Executive Committee shall respond. If the Governing Body's action is grounds for a hearing under the Bylaws, Section 8.3, the Medical Director shall promptly inform the applicant by Certified Mail, Return Receipt Requested, and the applicant shall be entitled to the procedural rights as provided in the Bylaws, Article VII.

5.8-5 Effective Date of an Unfavorable Recommendation

An unfavorable decision shall be held in abeyance until the applicant has exhausted or waived the procedural rights. The fact that the adverse decision is held in abeyance shall not be deemed to confer privileges where none existed before.

5.8-6 Final Action on Procedural Rights

At its regular meeting, after an applicant's rights under Article VIII have been exhausted or waived, the Governing Body shall act in the matter. The Governing Body's decision shall be conclusive. The Governing Body shall make a decision either to provisionally appoint the applicant or to reject the application for Medical Staff membership.

5.8-7 All favorable decisions by the Governing Body will include a delineation of the clinical privileges which may be exercised, the Department to which the person is assigned and any special conditions attached to the appointment.

5.8-8 Notice of Final Decision

When the Governing Body's decision is final, a notice of this decision will be sent to the President of the Medical Staff, the Chairman of the Department concerned, to the applicant and to the Medical Center Director or designee. In those cases where the Governing Body modified the recommendation from the Executive Committee or in the case of a decision unfavorable to the applicant, notice will be sent to the Medical Director and the Medical Executive Committee for consideration. All notices to the applicant will be sent by Certified Mail, Return Receipt Requested.

5.8-9 Reapplication after Adverse Appointment Decision

An applicant who has received a final adverse decision regarding appointment shall not be eligible to reapply to the Medical Staff for a period of one year. Any such reapplication shall be processed as an initial application and the applicant shall submit such additional information as may be required to demonstrate that the basis for the earlier adverse action no longer exists.

5.8-10 Timely Processing of Applications

Applications for staff appointments shall be considered in a timely manner by all persons and Committees required by these Bylaws to act thereon. While special or unusual circumstances may constitute good cause and warrant exceptions, the following time periods provide a guideline for routine processing of applications:

1. requests for all supporting documents required by the Medical Staff Office: ~~40~~ 5 days from receipt of application;
2. evaluation, review, and verification of application and all supporting documents by the Medical Staff Office: 60 days from request for necessary documentation;
3. review and recommendation by Department(s): 30 days after receipt of all necessary documentation from the Medical Staff Office;
4. review and recommendation by Credentials Committee: 30 days after receipt of all necessary documentation from the Department(s);
5. review and recommendation by Executive Committee: 30 days after receipt of all necessary documentation from the Credentials Committee; and
6. Governing Body action: 180 days after receipt of application by the Medical Staff Office or upon conclusion of all hearing rights.

- 5.8-11 A Medical Staff member who seeks a change in Medical Staff status or modification of clinical privileges may submit such a request at any time upon a form developed by the Medical Executive Committee, except that such form may not be filed within 180 days of the time a similar request has been denied.

Requests for additional privileges must be supported by the type and nature of evidence, which would be necessary for such privileges to be granted in an initial application.

5.9 Reappointment Process

5.9-1 Schedule

At least 180 days prior to the expiration of the current staff appointment, the Medical Staff Office shall provide the member with a reappointment application approved by the Executive Committee.

Completed reappointment forms are to be returned to the Medical Staff Office at least 120 days prior to the expiration date. If the completed reapplication form is not returned by the stated due date, a certified letter will be sent informing the member that if the reappointment application is not received within 30 days, membership will be terminated on the date that the current appointment expires.

5.9-2 Reappointment Form

The reappointment application form shall include all information necessary to update and evaluate the qualifications of the applicant including, but not limited to, the matters set forth in Article V concerning initial application, as well as other relevant matters. Upon receipt of the application, the information shall be processed as set forth in Article V concerning initial application.

5.9-3 Dues

shall	In addition to completing the information requested on the reappointment form, the staff member submit his or her biennial dues.
5.9-4	Effect of Application
	The effect of an application for reappointment or modification of staff status or privileges is the same as that set forth in Article V concerning initial application.
5.9-5	Standards and Procedure for Review
	When a staff member submits the first application for reappointment, and every two years thereafter, or when the member submits an application for modification of staff status or clinical privileges, the member shall be subject to an in-depth review generally following the procedures set forth in Article V concerning initial applications.
5.9-5	Verification and Collection of Information
and shall	The Medical Staff will in timely fashion verify the information on each reappointment application collect any other information deemed pertinent by the Credentials Committee. The information address.
5.9-7	patterns of care and utilization as demonstrated in the findings of quality improvement, risk management and utilization management activities.
5.9-8	participation in relevant continuing education activities.
5.9-9	attendance at Medical Staff, Department, and Committee meetings.
5.9-10	participation as a Medical Staff Officer and/or Committee member/Chairman, as applicable.
5.9-11	compliance with standards for timely and accurate completion of medical records.
5.9-12	level of professionalism in relationships with other practitioners, Medical Center personnel, and patients.
5.9-13	professional liability claims experience, which includes professional liability, claims naming the applicant and the outcome of any previously pending claims.
5.9-14	level of compliance with applicable Medical Staff and Medical Center Bylaws, Rules, and policies.
5.9-15	any other pertinent information including the staff member's activities at other medical centers and or her medical practice outside the Medical Center.
his	
5.9-16	Processing
	Source of Information: Applicant for Reappointment to Active Staff
	Information about the member's professional qualifications and competence to exercise the privileges requested will be based upon his/her practice at the Medical Center and its affiliated clinics. An exception may be made for low volume activities as defined in privilege documents for which supplemental information from other institutions where the member practices may be used.
	If there is insufficient information based upon the member's practice at the Medical Center, the member may be transferred to an alternate staff classification upon the recommendation of the Department Chairman with the concurrence of the Credentials Committee, the Executive Committee and the Governing Body.
	Applicant for Reappointment to Categories Other Than Active

If the member's level of clinical activity at the Medical Center is not sufficient to permit the evaluation of his/her competence to exercise the clinical privileges requested the member will have the burden of providing evidence of such competence from other institution(s) at which he/she practices in a format approved by the Medical Staff Organization.

5.9-17 Failure to File an Application for Reappointment

Failure to file a completed application for reappointment 90 days prior to expiration of current appointment shall be deemed as voluntary resignation effective on the date that the current appointment expires. In the event membership terminates for the reasons set forth herein, the member shall not be entitled to any hearing or review.

The Medical Staff Office will notify the Department Chairman if the member fails to submit a completed application for reappointment both at 150 and at 120 days in advance of the expiration of his/her appointment

5.9-18 Time-Limited Reappointment and Clinical Privileges

If it appears that the clean and complete application for reappointment will not be fully processed by the expiration date of the member's appointment, for reasons other than the applicant's failure to return documents or otherwise cooperate in the reappointment process, temporary reappointment and clinical privileges may be considered to fulfill an important patient care need.

Consideration will be given only after a recommendation for continued appointment has been reviewed by the Credentials Committee and pending approval from the Medical Executive Committee and Governing Body. This requested will be considered by the President of the Medical Staff and Medical Director as described in Section 6.3-4 through 6.3-14 for a period of no more than 90 days. This Section does not create a vested right in the member to be reappointed.

5.10 Leave of Absence

Members may request a leave of absence, which must be approved by the Medical Executive Committee and cannot exceed the current period of appointment. Except in an emergency, the leave of absence will not be approved until the member has fulfilled all existing obligations including but not limited to the care of hospitalized patients and the completion of all records. Requests for leave of absence or extensions will be submitted in writing to the Department Chairman for transmission to the Executive Committee. During the period of leave, the member shall not exercise privileges at the Medical Center, and membership rights and responsibilities shall be inactive. Reinstatement at the end of the leave must be approved in accordance with the standards and procedures set forth in the Rules for reappointment review. The member must provide information regarding his or her professional activities during the leave of absence.

5.11 Requesting Additional Privileges

Requests for additional privileges must be supported by the type and nature of evidence, which would be necessary for such privileges to be granted in an initial application.

5.12 Exclusive Staffing

The Departments of Anesthesia, Emergency Medicine, Laboratory Medicine, and Medical Imaging are operated on an exclusive staffing basis. Applicants for clinical privileges in those departments must be associated with the group which contracts to provide these services.

ARTICLE VI CLINICAL PRIVILEGES

6.1 Exercise of Privileges

Except as otherwise provided in these Bylaws, a practitioner providing clinical services at this Medical Center shall be entitled to exercise only those clinical privileges specifically granted. Such privileges and services are hospital specific, within the scope of any license, certificate or other legal credential authorizing practice in California and consistent with any restrictions thereon, and shall be subject to the rules and regulations of the clinical department and the authority of the Department Chairman and Medical Staff.

Medical Staff privileges may be granted, continued, modified or terminated by the Governing Body only upon recommendation of the Medical Staff, only for reasons directly related to quality of patient care and/or pursuant to other provisions of the Medical Staff Bylaws, and only after following the procedures outlined in these Bylaws.

6.2 Delineation of Privileges in General

6.2-1 Requests

Each application for appointment and reappointment must contain a request for the specific clinical privileges desired by the applicant. A request for modification of clinical privileges may be submitted at any time and is to be accompanied by documentation of training and/or experience related to the request. A report shall be obtained from the National Practitioner Data Bank each time that a practitioner requests a change in privileges.

6.2-2 Evaluation of Privileges Requests

Evaluation of the request for privileges shall be based on the applicant's education, training, experience, current demonstrated professional competence and judgment, current health status, and the documented results of patient care and other quality review monitors as applicable.

Privilege determinations may also be based on pertinent information concerning clinical performance obtained from other sources, especially other institutions and health care settings where a practitioner exercises clinical privileges.

6.3 Temporary Privileges

6.3-1 Care of a Specific Patient

Where good cause exists, temporary clinical privileges may be granted to a physician, podiatrist, or dentist for the care of specific patients but not more than 5 times during a calendar year provided that the procedure described in Section 6.3-4 has been followed.

6.3-2 Locum Tenens

Following the procedures in Section 6.3-4 temporary privileges may be granted to a practitioner serving as the locum tenens for a current member of the Medical Staff for up to 30 days at a time, subject to renewal for a total of 90 days in a Medical Staff year unless the Executive Committee recommends a longer period for good cause.

6.3-3 Pendency of Application

Temporary clinical privileges may be granted only after a clean and complete application for appointment has been reviewed by the Credentials Committee and pending approval from the Medical Executive Committee and Governing Body. This period will be for up to 90 days, not subject to renewal, during the pendency of an application.

6.3-4 Application and Review

Upon receipt of a clean and complete application and supporting documentation from a practitioner authorized to practice in California, the Governing Body or its designee may grant temporary privileges to a member who appears to have qualifications, ability, and judgment consistent with Section 6.3, but only after:

6.3-5 the Medical Center's authorized representative has queried the National Practitioner Data Bank regarding the applicant.

6.3-6 verification of current licensure has been obtained.

6.3-7 verification of current membership in good standing at another accredited hospital or other medical staff organization which has an established ongoing peer review program has been obtained. If the applicant has completed a residency program within the preceding six months, verification of good standing in the residency program may substitute for verification of Medical Staff Membership.

6.3-8 a reference has been obtained from one peer who has recently worked with the applicant; has directly observed the applicant's professional performance over a reasonable time; and provides reliable information regarding the applicant's current professional competence, ethical character, and ability to work well with others.

6.3-9 the Department Chairman or designee has interviewed the applicant.

6.3-10 an affirmative recommendation has been received from the Department Chairman.

6.3-11 Granting

Following a review of the application and supporting documentation, the Medical Director and the President of the Medical Staff may grant temporary clinical privileges to the applicant. An Associate Medical Director shall act for the Medical Director in his absence. In rank order, the Officers of the Medical Staff shall act for the President of the Medical Staff in his/her absence.

A determination to grant temporary privileges shall not be binding or conclusive with respect to an applicant's pending request for appointment to the Medical Staff or a request for clinical privileges.

Temporary privileges shall automatically terminate at the end of the designated period unless earlier terminated by the Executive Committee upon recommendation of the Department Chairman, the Medical Director or President of the Medical Staff or unless terminated by the final action on a pending application for privileges.

6.3-12 General Conditions

If granted temporary privileges, the applicant shall act under the supervision of the Chairman of the assigned Department.

Practitioners granted temporary privileges shall be subject to the proctoring and supervision requirements described in these Bylaws and to such other requirements as may be imposed by the Department Chairman and shall ensure that the Chairman or designee is advised of the practitioner's activity at the Medical Center.

The Medical Director may at any time upon recommendation of the President of the Medical Staff or the Department Chairman concerned terminate or suspend a practitioner's temporary privileges with or without cause. In such cases, the appropriate Department Chairman or, in the Chairman's

absence, the Chairman of the Medical Executive Committee shall assign a member of the Medical Staff to assume responsibility for the care of the practitioner's patient(s).

All persons requesting or receiving temporary privileges shall be bound by the Bylaws, and Rules and Regulations of the Medical Staff.

6.3-13 Denial

Denial of the applicant's request for temporary privileges by the Medical Director and President of the Medical Staff shall entitle the applicant to only those hearing rights provided pursuant to the applicable provisions of Article VIII of these Bylaws.

6.4 Emergency Privileges

In the case of an emergency, any practitioner on staff to the degree permitted by license and regardless of department or staff status or clinical privileges shall be permitted to do everything reasonably possible to save the life of a patient, or save a patient from serious harm using every facility in the Medical Center necessary or desirable.

The member shall make every reasonable effort to communicate promptly with the Department Chairman concerning the need for emergency care and assistance from members of the Medical Staff with appropriate clinical privileges. Once the emergency has passed or assistance has been made available, the member shall defer to the Department Chairman with respect to further care of the patient at the Medical Center.

6.5 Clinical Privileges – Non Use

Non-core Privileges are those which require training beyond the basic residency program if the individual is to gain competency. Generally, these are low volume and/or high-risk procedures.

The practitioner applying for renewal of non-core privileges is expected to document that he/she has exercised these privileges at least ~~five~~ two times within the past two years at the Medical Center and/or at another institution where he/she holds privileges. Relevant Category I – Continuing Medical Education maybe substituted in lieu of exercise of these privileges.

The Department Chairman may recommend that the practitioner's specific privileges be renewed in the absence of use and/or education for good cause. This includes, but is not limited to, privileges, which are used only in emergency situations. Specific documentation of the reason for the recommendation will be required.

6.6 Proctoring

6.6-1 General Provisions

6.6-2 except as otherwise provided for in these Bylaws, all new appointees to the Medical Staff and all practitioners granted new clinical privileges shall be subject to a period of proctoring.

6.6-3 each Department is to define in its rules and regulations the proctoring requirements as described in Section 6.7.

6.6-4 proctoring should include personal observation of the provisional member's work.

6.6-5 for members wishing to advance to Active Staff, at least 50% of the cases proctored must involve patients cared for at the Medical Center.

6.6-6 the exercise of clinical privileges in any Department shall be subject to proctoring by the Department, which grants those privileges.

- 6.6-7 if proctoring for a privilege is not available inside the Medical Center, the Department Chairman may, at his discretion, arrange for an outside proctor who is qualified to be a member of this Medical Staff.
- 6.6-8 for individuals with Courtesy and Consulting appointments, the Department Chairman may obtain outside proctoring reports from proctors qualified to be members of this Medical Staff. At least 50% of the required cases must be proctored at the Medical Center.

6.7 Responsibility of Provisional Member

The proctoree is responsible for requesting a proctor to serve on each case and for informing the proctor of necessary patient information (i.e., patient's date of admission, diagnosis, proposed date of surgery or procedure, and planned course of treatment). To the extent possible, surgical cases should be scheduled at the convenience of the proctor. The availability of the surgical proctor should be confirmed prior to scheduling elective cases. Elective surgical or other invasive procedures may not begin if the proctor is not present. Proctors for nonsurgical admissions, consultations, and other procedures should be notified in a timely fashion, but within twenty-four (24) hours. In emergency and urgent cases, the safety of the patient is paramount, but every effort should be made to secure a proctor in a timely fashion.

has The proctoree must request proctoring on all cases until the requisite number for the Department procedure has been satisfied.

6.8 Responsibility of Proctor

- 6.8-1 The proctor must have the appropriate privileges for the case being proctored.

The proctor should review the care provided through direct observation of surgery or other invasive procedures, concurrent review of the patient's chart including physician's orders, progress record, history and physical, and consultation notes.

A proctor should not receive a fee for proctoring unless he/she also functions as a consultant or surgical assistant.

Proctors are permitted to take such action, as is reasonable necessary to protect the patient when, in his/her professional judgment, it is necessary to intervene to prevent injury to the patient.

If the Provisional Staff member appears to be performing in less than a satisfactory manner, the proctor should bring this to the attention of the Department Chairman.

6.9 Completion of Proctoring

- 6.9-1 Proctoring will be performed throughout the period of the Provisional year unless the proctoring requirements are satisfied prior to the end of the Provisional staff year.

The Department Chairman has the authority to waive the need for further proctoring of a particular privilege or type of case as soon as the proctoring requirements for that particular privilege, procedure or type of case have been satisfactorily met. The Chairman also has the authority to extend proctoring requirements if there is documented evidence to demonstrate the need for further proctoring. Random chart review may be performed on Provisional Staff members after initial proctoring requirements have been fulfilled.

If the requisite number of proctored cases does not include a sufficient variety, the Department Chairman and/or the Credentials Committee may require additional proctoring of specific procedures.

Upon the completion of proctoring, the Department Chairman will provide a written report to the Credentials Committee. This will include a description of the number and type of cases proctored. An evaluation of the proctoree's clinical competence to exercise the privileges requested and a specific recommendation as to the action to be taken will be provided. The report is to be submitted prior to the end of the provisional period or the period required to complete the proctoring of an individual granted new privileges. This report will be acted upon by the Credentials Committee at its next scheduled meeting and thereafter by the Executive Committee and the Governing Body.

6.10 Failure to Complete Proctoring

- 6.10-1 Failure to Complete Necessary Volume: Any member who fails to complete the required number of proctored cases within the time frame established in the Bylaws and Rules shall be deemed to have voluntarily withdrawn the request for membership or for the relevant privileges and shall not be afforded the procedural rights provided in Article VIII. However, the Department has the discretion to extend the time for completion of proctoring for up to eighteen months from the initial date of appointment. The inability to obtain such an extension shall not give rise to procedural rights described.
- 6.10-2 Failure to Perform Satisfactorily: If a practitioner completes the necessary volume of proctored cases but fails to perform satisfactorily, he or she may be terminated (or the relevant privileges may be revoked), and he or she shall be afforded the procedural rights as provided in Article VIII.
- 6.10-3 The failure to complete proctoring for any specific privilege shall not, by itself, preclude advancement from Provisional Staff. If advancement is approved prior to completion of proctoring, the proctoring will continue for the specified privileges. The specific privileges may be voluntarily relinquished or terminated if proctoring is not completed thereafter within the period of the initial appointment

6.11 Termination of Privileges Due to Alteration of Member's Contractual Status

In the event of termination of:

- 6.11-1 a member's contract with the County of San Bernardino, and/or
- 6.11-2 a member's contract with an entity which contracts with the County of San Bernardino, and/or
- 6.11-3 a member's contract with an entity which contracts with an entity contracting with the County of San Bernardino;
- 6.11-4 the member's clinical privileges and Medical Staff membership shall cease as of the effective date of the above-described termination(s). The termination of privileges and Medical Staff membership shall be without prejudice to the member reapplying for privileges as provided in Article V of these Bylaws. The member may continue to treat those inpatients under his/her care as of the effective date of termination until the patients have been discharged from the Medical Center.

6.12 Verification of Scope of Practice

It is the responsibility of the practitioner to provide or supervise the provision of only those services for which privileges have been granted except as defined in Article VI. Verification of the specific clinical privileges granted may be obtained from the Medical Staff Office or other designated locations. The Department Chairman, or in his/her absence, the Medical Director-on-call will make the final determination in the event of questions.

6.13 Privileges for Limited License Practitioners

- 6.13-1 Privileges

The privileges granted to dentists, oral surgeons, and podiatrists should be based on their training, experience, demonstrated competence, and judgment. The scope and extent of procedures that each practitioner may perform will be specifically delineated and granted in the same manner as other privileges. Procedures performed by dentists and oral surgeons shall be under the overall supervision of the Chairman of the Department of Surgery. Dentists granted privileges to admit patients to the inpatient service are expected to have training or experience in hospital procedures. Procedures performed by podiatrists shall be under the overall supervision of the Chairman of the Department of Orthopedics.

6.13-2 Medical Appraisal

All patients admitted for care in the Medical Center by a dentist, oral and maxillofacial surgeon or podiatrist shall receive the same basic medical appraisal as patients admitted to other services, and the dentist or oral and maxillofacial surgeon or podiatrist shall seek consultation with a physician member of the Medical Staff to determine the patient's medical status and need for medical evaluation whenever the patient's clinical status indicates the presence of a medical problem.

- 6.13-3 Except as provided by 6.16-4, when dentists, oral surgeons or podiatrists who are members of the Medical Staff admit patients, a physician member of the Medical Staff must conduct or supervise the admitting history and physical examination (except the portion related to dentistry or podiatry), and assume responsibility for the care of the patient's medical problems present at the time of admission or which may arise during hospitalization which are outside the limited license practitioner's lawful scope of practice

- 6.13-4 Oral and maxillofacial surgeons who have successfully completed a postgraduate program in oral and maxillofacial surgery accredited by a nationally recognized accrediting body approved by the U.S. Office of Education and have been determined by the Medical Staff to be competent to do so, may perform a history and physical examination and determine the ability of their patient to undergo the surgical procedures that the oral and maxillofacial surgeon proposes to perform. Completion of a history and physical examination by a qualified oral and maxillofacial surgeon under this subsection shall satisfy the appraisal portion of the above requirements. For patients with existing medical conditions or abnormal findings beyond the surgical indications, a physician member of the Medical Staff must conduct or supervise the admitting history and physical examination, except the portion related to oral and maxillofacial surgery, and assume responsibility for the care of the patient's medical problems present at the time of admission or which may arise during hospitalization which are outside of the oral and maxillofacial surgeon's lawful scope of practice

ARTICLE VII CORRECTIVE ACTION

7.1 Role of Medical Staff in Organizational Wide Quality Improvement Activities

Members of the medical staff are expected to actively and cooperatively participate in a variety of peer review activities to measure, assess and improve performance of their peers in the hospital.

The initial goals of the peer review processes are to prevent, detect and resolve problems and potential problems through routine collegial monitoring, education and counseling. However, when necessary, remedial measures, including formal investigation and discipline, must be implemented and monitored for effectiveness.

Peers in the departments and committees are responsible for carrying out delegated review and quality improvement functions in a manner that is consistent, timely, defensible, balanced, useful and ongoing. The term “peers” generally requires that a majority of the peer reviewers be members holding the same license as the practitioner being reviewed, including, where possible, at least one member practicing the same specialty as the member being reviewed. Notwithstanding the foregoing, D.O.s and M.D.s shall be deemed to hold the “same licensure” for purposes of participating in peer review activities. Peer Review activities are carried out per the Peer Review Guidelines of the Medical Center.

7.1-1 Informal Remedial Activities

The medical staff officers, departments and committees may counsel, educate, issue letters of warning or censure, or institute retrospective or concurrent monitoring (so long as the practitioner is only required to provide reasonable notice of admissions and procedures) in the course of carrying out their duties without initiating formal corrective action. Comments, suggestions and warnings may be issued orally or in writing. The practitioner shall be given an opportunity to respond in writing and may be given an opportunity to meet with the officer, department or committee. Any informal actions, monitoring or counseling shall be documented in the member’s file. Medical Executive Committee approval is not required for such actions, although the actions shall be reported to the Medical Executive Committee. The actions shall not constitute a restriction of privileges or grounds for any formal hearing or appeal rights under Article VIII, Hearings and Appellate Review.

7.2 Investigation

7.2-1 Reason for Investigation

Any person may provide information to the President of the Medical Staff or designee about the conduct, performance or competence of any of the members.

A corrective action investigation may be initiated by the President of the Medical Staff or Executive Committee whenever reliable information indicates a member may have exhibited acts, demeanor, or conduct that is reasonably likely to be detrimental to patient safety or to the delivery of quality patient care within the Medical Center, unethical, contrary to the Medical Staff Bylaws, Rules or Regulations, below applicable professional standards, disruptive of Medical Staff or Medical Center operations or an improper use of Medical Center resources.

7.2-2 Expedited Initial Review

Whenever information suggests that corrective action may be warranted, the President of the Medical Staff or his or her designee and/or the Medical Director, may, on behalf of the Medical Executive Committee, immediately investigate and conduct initial interviews to obtain information. The information developed during this initial review shall be presented to the Medical Executive Committee, which shall decide whether to initiate a formal investigation. The Medical Staff Office will maintain a written summary of the interview(s) and action taken.

7.2-3 Initiation of Investigation

Request for an investigation must be conveyed to the Medical Executive Committee in writing supported by reference to the specific activity or conduct, which constitutes the grounds for the request.

The President of the Medical Staff shall promptly notify the Medical Director of all requests for corrective action received by the Executive Committee and shall continue to keep the Medical Director informed of all action taken in connection therewith.

7.2-4 Formal Investigation

If the Medical Executive Committee concludes that an investigation is warranted, it shall direct an investigation to be undertaken. The Medical Executive Committee may conduct the investigation itself or may assign the task to an appropriate officer or to a standing or ad hoc committee.

Such ad hoc committee will include at least three Medical Staff members who have not been directly involved with the event(s) being investigated. If indicated, the Medical Director or designee may authorize the appointment of practitioners to the ad hoc committee who are not members of the Medical Staff but who have particular expertise in relation to the issue under investigation.

7.2-5 Conduct of the Formal Investigation

The Executive Committee shall advise the Chairman of the Department in which the member has privileges that an investigation be being conducted.

The investigator(s) shall notify the member in writing of the general nature of the charges and that an investigation is being conducted.

The investigator(s) shall conduct such investigation as needed to prepare their report. The member will be afforded an opportunity to meet with the investigator(s) to discuss, explain, or refute the charges. This interview shall not constitute a hearing, shall be preliminary in nature and the procedural rules provided in these Bylaws with respect to a hearing shall not apply. A record

of such interview shall be made by the ad hoc investigating committee and included with its report to the Executive Committee.

Within 30 days of undertaking an investigation, the investigator(s) shall report to the Executive Committee. The report may include a recommendation for corrective action as appropriate.

Despite the status of any investigation, at all times the Medical Executive Committee shall retain authority and discretion to take whatever action may be warranted by the circumstances, including summary suspension, termination of the investigative process, or other action.

7.2-6 Executive Committee Action

7.2-7 Within 60 days following the receipt of the above report the Executive Committee shall act on the report.

7.2-8 The action may include:

7.2-9 determining no corrective action should be taken.

7.2-10 determining that no credible evidence of the complaint existed and the adverse information will be removed from the member's file.

7.2-11 deferring action for a reasonable time which shall be specified.

7.2-12 issuing letters of admonition, censure, reprimand, or warning, although nothing herein shall be deemed to preclude Department or Committee Chairman from issuing informal written or oral warnings outside of the mechanism for corrective action. In the event such letters are issued, the affected member may make a written response which shall be placed in the member's file.

7.2-13 recommending the imposition of terms of probation or special limitations upon continued Medical Staff membership or exercise of privileges, including, without limitation, requirements for co-admissions, mandatory consultation, or monitoring.

7.2-14 recommending reduction, modification, suspension, or revocation of privileges. If suspension is recommended, the term and duration of the suspension and the conditions that must be met before suspension is ended shall be stated.

7.2-15 recommending reductions of membership status or limitation of any prerogatives directly related to the member's delivery of patient care.

7.2-16 recommending suspension, revocation, or probation of Medical Staff membership. If suspension or probation is recommended, the terms and duration of the suspension or probation and the conditions that must be met before the suspension or probation is ended shall be stated; and

7.2-17 taking other actions deemed appropriate under the circumstances.

7.3 Subsequent Action

If corrective action is recommended by the Medical Executive Committee, that recommendation shall be transmitted to the Governing Body. The Governing Body may affirm, reject, or modify the action. The Governing Body shall give great weight to the Medical Executive Committee's decision and initiate further action only if the failure to act is contrary to the weight of the evidence that is before it, and then only after it has consulted with the Medical Executive Committee and the Medical Executive Committee still has not acted. The decision shall become final if the Governing Body affirms it or takes no action on it within 60 days after receiving the notice of decision.

The Medical Executive Committee recommends an action that is grounds for a hearing under Article VIII, the President of the Medical Staff shall advise the Medical Director. The procedure to be followed shall be as provided in this Article VII, or in Article VIII, if applicable, of these Bylaws.

7.4 Summary Restriction or Suspension

7.4-1 Criteria for Initiation.

7.4-2 Whenever a practitioner's conduct is such that a failure to take action may result in an imminent danger to the health of any individual, the President of the Medical Staff, the Chairman of the Department in which the member holds privileges, the Medical Director or Governing Body may summarily restrict or suspend the Medical Staff membership or privileges of such member.

7.4-3 Unless otherwise stated, such summary restriction or suspension ("summary action") shall become effective immediately upon imposition, and the person or body responsible shall, within one business day, give written notice to the member and to the President of the Medical Staff, the Medical Executive Committee, the Medical Director and the Director of the Medical Center.

This initial written notice shall include a statement of facts demonstrating that the suspension was necessary because failure to suspend or restrict the practitioner's privileges summarily could reasonably result in an imminent danger to the health of an individual. The statement of facts incidents giving provided in this initial notice shall also include a summary of one or more particular rise to the assessment of imminent danger.

7.4-4 The summary action may be limited in duration and shall remain in effect for the period stated, or, if none, until resolved as set forth herein. Unless otherwise indicated by the terms of the summary the Department the wishes of the action, the member's patients shall be promptly assigned to another member by Chairman or by the President of the Medical Staff considering, where feasible, patient and the affected practitioner in the choice of a substitute member.

7.4-5 The notice of the summary action given to the Medical Executive Committee shall constitute a request to initiate corrective action and the procedures set forth in Article VIII shall be followed.

7.4-6 Medical Executive Committee Action

Within one week after such summary restriction or suspension has been imposed, a meeting of the Medical Executive Committee or a subcommittee appointed by the Chief of Staff shall be convened to review and consider the action. Upon request, the member may attend and make a statement concerning the issues under investigation, on such terms and conditions as the Medical Executive Committee may impose, although in no event shall any meeting of the Medical Executive Committee, with or without the member, constitute a "hearing" within the meaning of Article VIII, nor shall any procedural rules apply. The Medical Executive Committee may modify, continue, or terminate the summary restriction or suspension, but in any event it shall furnish the member with notice of its decision within two working days of the meeting.

7.4-7 Procedural Rights

Unless the Medical Executive Committee promptly terminates the summary restriction or suspension, the member shall be entitled to the procedural rights afforded by Article VIII.

7.5 Automatic Suspension and Limitation

In the following instances, the member's privileges or membership may be suspended or limited as described, and a hearing, if requested, shall be limited to the question of whether the grounds for automatic suspension as set forth below have occurred.

7.5-1 License

Revocation and Suspension: Whenever a practitioner's license or other legal credential authorizing practice in this state is revoked or suspended, Medical Staff membership and clinical privileges shall be likewise revoked or suspended.

Restriction: Whenever a practitioner's license or other legal credential authorizing practice in this state is limited or restricted by the applicable licensing or certifying authority, any clinical privileges which the member has been granted at the Medical Center which are within the scope of said limitation or restriction shall be automatically limited or restricted in a similar manner, as of the date such action becomes effective and throughout its term.

Probation: Whenever a member is placed on probation by the applicable licensing or certifying authority, membership status and clinical privileges shall automatically become subject to the same terms and conditions of the probation as of the date such action becomes effective and throughout its term.

Expiration: When a practitioner's license or other legal credential authorizing practice in this state expires, the practitioner's clinical privileges shall be suspended at 12:01 a.m. on the day following the expiration. The suspension will be lifted when verification of a current valid California license or other legal credential is obtained.

7.5-2 Controlled Substances

Whenever a member's Drug Enforcement Administration Certificate is revoked, limited, or suspended, or expires the member shall automatically and correspondingly be divested of the right to prescribe medications covered by the certificate, as of the date such action becomes effective and throughout its term.

Whenever a member's DEA certificate is subject to probation, the member's right to prescribe such medications shall automatically become subject to the same terms of the probation, as of the date such action becomes effective and throughout its term.

7.5-3 Medical Records

Members of the Medical Staff are required to complete medical records within the time described in the Rules and Regulations. A limited suspension, in the form of withdrawal of admitting and other related privileges until all delinquent medical records are completed, will be imposed by the Medical Director or designee, for failure to complete medical records within 14 ~~30~~ days of discharge. For the purpose of this Section, "related privileges," means scheduling elective surgery, assisting in surgery, consulting on hospital cases, and providing professional services within the hospital for future patients. Bona fide vacation or illness may constitute an excuse subject to approval by the Medical Executive Committee. Members whose privileges have been suspended for delinquent records may admit patients only in life-threatening situations. The suspension shall continue until the medical records have been completed.

7.5-4 Professional Liability Insurance

Failure to maintain professional liability insurance, if any is required, shall be grounds for automatic suspension of a member's clinical privileges, and if within 90 days after written warning of the delinquency the member does not provide evidence of required professional liability insurance, the member's membership shall be automatically terminated.

7.5-5 For failure to pay dues, a practitioner's medical staff membership and clinical privileges, after written warning of delinquency, shall be automatically suspended and shall remain so suspended until the practitioner pays the delinquent dues. A failure to pay such dues within (60) days after the date the automatic suspension became effective shall be deemed to be a voluntary resignation of the practitioner's medical staff membership.

7.6 Medical Executive Committee Deliberation

Within one week after action is taken as described above, the Medical Executive Committee shall convene to review and consider the facts, and may recommend any further corrective action as it may deem appropriate in accordance with these Bylaws.

ARTICLE VIII HEARING AND APPELLATE REVIEW PROCEDURE

8.1 General Provisions

If adverse action described in Article VIII is taken or recommended the applicant or member must exhaust the remedies afforded by these Bylaws before resorting to legal action.

8.2 Application of Article

For purposes of this Article, the term "member" may include "applicant", as it may be applicable under the circumstances, unless otherwise stated. In addition to Medical Staff members and applicants, clinical psychologists who are providing or applying to provide professional services in the Medical Center, but are not members of the Medical Staff, are entitled to the hearing rights specified in this Article to the extent that there is no conflict with any applicable Civil Service hearing rights, and, in the event of conflict, Civil Service hearing rights will apply and control.

8.3 Grounds for a Hearing

Any one or more of the following actions shall constitute grounds for hearing:

- 8.3-1 denial of Medical Staff membership.
- 8.3-2 denial of requested advancement in staff membership status or category.
- 8.3-3 denial of Medical Staff reappointment.
- 8.3-4 suspension of Medical Staff membership.
- 8.3-5 revocation of Medical Staff membership.
- 8.3-6 denial of requested clinical privileges.
- 8.3-7 involuntary reduction of current clinical privileges.
- 8.3-8 suspension of clinical privileges.
- 8.3-9 termination of clinical privileges.
- 8.3-10 involuntary imposition of significant monitoring or consultation requirements (excluding monitoring incidental to Provisional Status).
- 8.3-11 any other disciplinary action or recommendation that must be reported to the Medical Board of California.

8.4 Requests for Hearing

8.4-1 Notice

In all cases in which action has been taken or a recommendation made as set forth in Article VII, the President of the Medical Staff or designee on behalf of the Medical Executive Committee, shall give the member prompt written notice of 1) the recommendation or final proposed action and that such action, if adopted, shall be taken and reported to the Medical Board of California and/or to the National Practitioner Data Bank if required; 2) the reasons for the proposed action including the acts or omissions with which the member is charged; 3) the right to request a hearing pursuant to these Bylaws, and that such hearing must be requested within thirty [30] days, and 4) a summary of the rights granted in the hearing pursuant to the Medical Staff Bylaws.

8.4-2 Request

The member shall have thirty (30) days following receipt of notice of such action to request a hearing. The request shall be in writing addressed to the Medical Director. In the event the member does not request a hearing within the time and in the manner described, the member shall be deemed to have waived any right to a hearing and accepted the recommendation or action involved. Such action shall become effective immediately subject to consideration by the Governing Body.

8.4-3 Time and Place for Hearing

Upon receipt of a request for hearing, the Medical Director shall deliver the request to the Executive Committee, which shall, within ten (10) days after receipt, schedule and arrange for a hearing. The Executive Committee shall give notice by Certified Mail, Return Receipt Requested to the applicant or member of the time, and date of the hearing. The date of the commencement of the hearing shall be not less than thirty (30) days or more than sixty (60) days from the date of receipt of the request. However, when the request is received from a member who is under summary suspension, the hearing shall be held as soon as the arrangements may reasonably be made, but not to exceed thirty (30) days from the date of receipt of the request.

8.4-4 Notice of Charges

As a part of, or together with, the notice of hearing, the Executive Committee shall state, in writing, the reasons for the adverse action taken or recommended including the acts or omissions with which the practitioner is charged, a list of the charts in question, if applicable, and a list of witnesses (if any) expected to testify at the hearing on behalf of the Medical Executive Committee. Such list is subject to update.

8.4-5 Hearing Committee

When a hearing is requested, the Executive Committee shall appoint a Hearing Committee which shall be composed of not less than three (3) members of the Active Medical Staff who shall have not actively participated in the consideration of the matter involved at any previous level. The Hearing Committee members shall gain no direct financial benefit from the outcome. One member shall have the same licensure as the accused and, where feasible, a member practicing in the same specialty as the accused shall be included. Such appointment shall include designation of the Chair. Knowledge of the matter shall not preclude a member of the Active Medical Staff from serving as a member of the Hearing Committee. In the event that it is not possible to appoint a fully qualified Hearing Committee from the Active Medical Staff, the Executive Committee may appoint qualified members from any staff categories, or from qualified practitioners who are not members of the Medical Staff.

8.4-6 Failure to Appear

Failure of the person requesting the hearing to personally appear and proceed without good cause at such hearing shall be deemed voluntary acceptance of the recommendations or actions involved, which shall become final and effective immediately subject to ratification by the Governing Body.

8.4-7 Postponements and Extensions

Postponements and extensions beyond the times set forth in these Bylaws may be permitted by the Hearing Committee or its Chair acting upon its behalf on a showing of good cause or upon agreement of the parties.

8.4-8 The Hearing Officer

At the request of the person who initiated the hearing, the Executive Committee, the Hearing Committee, or the Governing Body, a Hearing Officer may be appointed. The Hearing Officer shall be an attorney at law admitted to practice in this State for at least ten (10) years prior to the hearing. Such Hearing Officer may not be legal counsel to the Medical Center and must not act as a prosecuting officer, as an advocate for the Medical Center, Governing Body, Executive Committee, the body whose action prompted the hearing, or the practitioner. The Hearing Officer shall gain no direct financial benefit from the outcome. If requested by the Hearing Committee, he/she may participate in the deliberation of such Committee and be legal advisor to it, but shall not be entitled to vote.

The Hearing Officer shall endeavor to assure that all participants in the hearing have a reasonable opportunity to be heard and to present relevant oral and documentary evidence in an efficient and expeditious manner, and that proper decorum is maintained. The Hearing Officer shall be entitled to determine the order of procedure for presenting evidence and argument during the hearing and shall have the authority and discretion to make all rulings on questions which pertain to matters of law, procedure or the admissibility of evidence. If the hearing officer determines that either side in a hearing is not proceeding in an efficient and expeditious manner, the Hearing Officer may take such discretionary action as seems warranted by the circumstances.

8.4-9 Request for Public Hearing

The Governing Body or the Hearing Committee may order the hearing to be held in private or executive session to the extent permitted by law, unless the affected practitioner requests a public hearing.

8.4-10 Hearing Procedure

- 8.4-11 If either side to the hearing requests in writing a list of witnesses, each party shall, within fifteen (15) days of such request, and no less than ten (10) days before commencement of the hearing, furnish to the other a written list of the names and addresses of the individuals, so far as is reasonably known or anticipated, who are anticipated to give testimony or evidence in support of that party at the hearing. The member shall have the right to inspect and copy documents or other evidence upon which the charges are based, as well as all other evidence relevant to the charges. The member shall also have the right to receive at least thirty (30) days prior to the hearing a copy of the evidence forming the basis of the charges which is reasonably necessary to enable the member to prepare a defense, including all evidence which was considered by the Medical Executive Committee in determining whether to proceed with the adverse action, and any exculpatory evidence in the possession of the Medical Center or Medical Staff. The member and the Medical Executive Committee shall have the right to receive all evidence, which will be made available to the Hearing Committee. Failure to disclose the identity of a witness or produce copies of all documents expected to be produced at least ten (10) days before the commencement of the hearing shall constitute good cause for a continuance.
- 8.4-12 The Medical Executive Committee shall have the right to inspect and copy at its expense any documents or other evidence relevant to the charges which the member possesses or controls as soon as practicable after receiving the request.
- 8.4-13 The failure by either party to provide access to this information at least thirty (30) days before the hearing shall constitute good cause for a continuance. The right to inspect and copy by either party does not extend to confidential information referring solely to individually identifiable members, other than the member under review.
- 8.4-14 The Hearing Officer shall consider and rule upon any request for access to information and may impose any safeguards that the protection of the peer review process and justice requires. In so doing, the Hearing Officer shall consider:
- 8.4-15 whether the information sought may be introduced to support or defend the charges;
- 8.4-16 the exculpatory or inculpatory nature of the information sought, if any;
- 8.4-17 the burden imposed on the party in possession of the information sought, if access is granted; and
- 8.4-18 any previous requests for access to information submitted or resisted by the parties to the same proceedings.
- 8.4-19 the member shall be entitled to a reasonable opportunity to question challenges to the impartiality of any Hearing Committee members or the Hearing Officer. Challenges to the impartiality of any Hearing Committee member or the Hearing Officer shall be ruled on by the Hearing Officer.

8.5 Representation

Any hearing provided for in these Bylaws is for the purpose of intra-professional resolution of matters bearing on professional conduct, professional competency, or character.

The member shall be entitled to representation by legal counsel in any phase of a hearing, if the member so chooses. In the absence of legal counsel, the member shall be entitled to be accompanied by and represented at the hearing only by a practitioner licensed to practice in the State of California who is not also an attorney at law, and the Medical Executive Committee shall

appoint a representative who is not an attorney to present its action or recommendation, the materials in support thereof, examine witnesses, and respond to appropriate questions. The Medical Executive Committee shall not be represented by an attorney at law if the member is not so represented.

8.6 Conduct of Hearing

8.6.1 Personal Presence Mandatory

Failure without good cause of the practitioner to personally attend and proceed at a hearing shall be deemed to constitute voluntary acceptance of the recommendations or actions involved.

8.6-2 Record of Hearing

A shorthand reporter shall be present to make a record of the hearing proceedings, and the pre-hearing proceedings if deemed appropriate by the Hearing Officer. The cost of attendance of the shorthand reporter shall be borne by the Medical Center, but the cost of the transcript, if any, shall be borne by the party requesting it. The Hearing Committee may, but shall not be required to, order that all oral evidence shall be taken only on oath administered by a person lawfully authorized to administer such oath.

8.6-3 Rights of Both Sides

At a hearing both sides shall have the following rights:

8.6-4 to call and examine witnesses for relevant testimony,

8.6-5 to introduce relevant exhibits or other documents,

8.6-6 to cross-examine any witness on any matter relevant to the issues,

8.6-7 to impeach any witness and to rebut any evidence. The practitioner not testifying in his/her own behalf, may be called and examined as if under cross-examination.

8.6-8 Admissibility of Evidence

The hearing shall not be conducted according to the rules of law relating to the examination of witnesses or presentation of evidence. Any relevant evidence shall be admitted by the presiding officer if it is the kind of evidence on which responsible persons are accustomed to rely in the conduct of serious affairs, regardless of the admissibility of such evidence in a court of law. Each party shall have the right to submit a memorandum of points and authorities, and the Hearing Committee may request such a memorandum to be filed following the close of the hearing. The Hearing Committee may interrogate the witnesses or call additional witnesses as deemed appropriate.

8.6-9 Burden of Proof

At the hearing, the Medical Executive Committee shall have the initial duty to present evidence for each case or issue in support of its action or recommendation. The members shall be obligated to present evidence in response. Thereafter the burden shall be on the member to come forward with evidence on his/her behalf.

8.6-10 An applicant shall bear the burden of persuading the Hearing Committee by a preponderance of the evidence of the applicant's qualifications, by producing information, which allows for adequate evaluation and resolution of reasonable doubts concerning the applicant's current qualifications for membership and privileges. An applicant shall not be permitted to introduce information requested by the Medical Staff but not previously produced unless the applicant establishes that the information could not have been produced earlier by the exercise of reasonable diligence.

Except as provided above for applicants, throughout the hearing the Medical Executive Committee shall bear the burden of persuading the Hearing Committee, by a preponderance of the evidence, that its action or recommendation is reasonable and warranted.

8.6-11 Subpoenas

The Governing Body or the Hearing Officer, if one be appointed, shall have the same authority in respect to the issuance of subpoenas duces tecum as that granted to any agency or Hearing Officer pursuant to Section 11510 of the California Government Code.

8.6-12 Adjournment and Conclusion

To the extent permitted by law, the Hearing Officer may adjourn the hearing and reconvene the same at the convenience of the participants without special notice. Upon conclusion of the presentation of oral and written evidence, the hearing shall be closed. To the extent permitted by law, the Hearing Committee shall thereupon, within the time specified in this Article VIII, outside of the presence of any other person, conduct its deliberations and render a decision and report.

8.6-13 Basis for Decision

The decision of the Hearing Committee shall be based on the evidence and written statements introduced at the hearing, including all logical and reasonable inferences from the evidence and the testimony.

8.6-14 Presence of Hearing Committee Members and Vote

A majority of the Hearing Committee must be present throughout the hearing and deliberations. In unusual circumstances when a Hearing Committee member must be absent from any part of the proceedings, he or she shall not be permitted to participate in the deliberations or the decision unless and until he or she has read the entire transcript of the portion of the hearing from which he or she was absent. The final decision of the Hearing Committee must be sustained by a majority vote of the number of members appointed.

8.6-15 Decision of the Hearing Committee

Within ten (10) days after final adjournment of the hearing (provided that in the event the member is currently under suspension, this time shall be five (5) days), the Hearing Committee shall render a written decision. A copy of the decision shall be forwarded to the Director of the Medical Center, the Medical Executive Committee, the Governing Body, and to the practitioner. The report shall contain the Hearing Committee's findings of fact and a conclusion articulating the connection between the evidence produced at the hearing and the decision reached. If the final proposed action adversely affects the clinical privileges of a physician or dentist for a period longer than 30 days and is based on competence or professional conduct, the decision shall state that the action, if adopted, will be reported to the National Practitioner Data Bank, and shall state the text of the report as agreed upon by the Committee. The decision shall also state whether the action, if adopted shall be reported to the Medical Board of California (and shall state the text of the report as agreed by the Committee). Both the practitioner and the body whose decision prompted the hearing shall be provided a written explanation of the procedure for appealing the decision. The decision of the Hearing Committee shall be considered final, subject only to such rights of appeal or Governing Body review as described in these Bylaws.

8.6-16 The Appeal Process

The decision of the Hearing Committee shall be considered final, subject only to the right of appeal as provided for herein.

8.6-17 Time for Appeal

Within ten (10) days after receipt of the decision of the Hearing Committee, either the person who requested the hearing or the body whose decision prompted the hearing may request an appellate review by the Governing Body. Said request shall be in writing and delivered to the Medical Director and the other party in the hearing either in person or by Certified or Registered Mail. The written request for appeal shall include a description of the grounds for appeal and a clear and concise statement of the facts in support of the appeal. If appellate review is not requested within such period, both sides shall be deemed to have accepted the action involved, and the recommendation by the Hearing Committee shall thereupon become the final action of the Medical Staff. Such final recommendation shall be considered by the Governing Body, but shall not be binding on the Governing Body.

8.6-18 Grounds for Appeal

The grounds for appeal from the hearing shall be:

1. substantial failure of the Hearing Committee or the Executive Committee to comply with the procedures required by the Bylaws in the conduct of hearings so as to deny due process and a fair hearing;
2. action taken arbitrarily, capriciously, with prejudice, or without substantial evidence.
3. the text of the report(s) to be filed with the Medical Board of California and/or the National Practitioner Data Bank is inaccurate.

8.6-19 Response to Appeal

In the event of any appeal to the Governing Body as set forth in the preceding section, the Governing Body shall, within thirty (30) days after receipt of such notice of appeal, schedule and arrange for an appellate review. The Governing Body shall cause written notice of the time, place and date of the appellate review to be given to each side. The date of appellate review shall not be less than thirty (30) days, nor more than sixty (60) days from the date of receipt by the Medical Director of the request for appellate review. When a request for appellate review is from a practitioner who is under summary suspension, the appellate review shall be held as soon as the arrangements may reasonably be made and not exceed thirty (30) days from the date of receipt by the Medical Director of the request for appellate review. The time for appellate review may be extended by the Chairman of the Governing Body for good cause.

8.6-20 Nature of Appellate Review

The Governing Body may hear the appeal directly, or it may, in its sole discretion, refer the matter to an individual designated "Hearing Officer" for such proceedings as the Governing Body may direct. The Hearing Officer may not be legal counsel to the Medical Center and must not act as a prosecuting officer, an advocate for the Medical Center, Governing Body or any other body whose action prompted the proceeding. The Hearing Officer shall be an attorney at law admitted to practice in this State for at least ten (10) years, and shall possess any additional qualifications determined by the Governing Body. The Hearing Officer may not be the attorney who represented either party at the initial hearing or the attorney who served as the Hearing Officer at the initial hearing.

8.6-21 Appellate Hearing Procedure

The proceedings at the hearing by either the Hearing Officer or the Governing Body shall be in the nature of an appellate hearing based upon the record of the hearing before the Hearing Committee. Additional oral or written evidence may be accepted, subject to a foundational showing that such evidence could not have been made available to the Hearing Committee in the exercise of reasonable diligence and subject to the same rights of cross-examination or confrontation provided at the Hearing Committee. In the alternative, the Governing Body or Hearing Officer may remand

the matter to the Hearing Committee for the taking of further evidence and for decision. Each party shall have the right to present a written statement in support of their position on appeal. The Hearing Officer or Governing Body, at its sole discretion, may allow each party or representative to personally appear and make oral argument. Each party shall have the right to be represented by legal counsel, or any other representative designated by that party in connection with the appeal. The hearing may be conducted in executive session as permitted by law unless the appellant makes a request for a public hearing. At the conclusion of oral argument, if the Governing Body hears the matter, the Governing Body may conduct deliberations outside the presence of the appellant, the respondent, and their respective representatives as permitted by law.

8.6-22 Action by a Hearing Officer

If the Governing Body has appointed a Hearing Officer, he/she shall prepare findings of fact and a proposed decision in such form that it may be adopted as the decision of the Governing Body. The findings of fact and the proposed decision shall be filed by the Hearing Officer with the Governing Body, within fifteen (15) days after conclusion of the hearing, and a copy thereof shall be served at the same time on the parties.

8.6-23 Decision

Within thirty (30) days after the conclusion of any review proceedings hereinbefore provided for, the Governing Body shall render a final decision in writing. The Governing Body may affirm, modify, or reverse the recommended decision of the Hearing Officer, or the recommendations of the Hearing Committee. The decision made or adopted by the Governing Body shall include findings of fact on material issues. The Governing Body shall direct the delivery of copies thereof to the practitioner and to the Executive Committee in person or by Certified or Registered Mail, Return Receipt Requested. The final decision of the Governing Body following the appeal procedure set forth herein shall be effective immediately and shall not be subject to further review.

If the matter is remanded to the Hearing Committee for further review and recommendation, the committee shall promptly conduct its review and make its recommendation to the Governing Body. This further review and the time required to report back shall not exceed thirty [30] days in duration except as the parties may otherwise agree or for good cause as jointly determined by the chair of the Governing Body and the Hearing Committee.

8.6-24 Right to One Hearing

Except in circumstances where a new hearing is ordered by the Governing Body or a court because of procedural irregularities or otherwise for reasons not the fault of the practitioner, no practitioner shall be entitled to more than one evidentiary hearing and one appellate review before the Governing Body on any matter which has been the subject of action by either the Executive Committee of the Medical Staff or the Governing Body or by both.

8.7 Automatic Suspension or Limitation of Privileges

No hearing is required when a member's license or legal credential to practice has been revoked or suspended or has expired as set forth in Section 7.5. In other cases described in Section 7.8, the issues which may be considered at a hearing, if requested, shall not include evidence designed to show that the determination by the licensing or credentialing authority or the DEA was unwarranted, but only whether the member may continue to practice in the Medical Center with those limitations imposed.

8.8 National Practitioner Data Bank Reporting

The Medical Center's authorized representative shall report an adverse action to the National Practitioner Data Bank only upon its adoption as final and only using the description set forth in the final action as adopted by the Governing Body. The authorized representative shall report any and all revisions of an adverse action, including, but not limited to, any expiration of the final action consistent with the terms of that final action.

8.9 Disputing Report Language

If no hearing was requested, a member who is the subject of a proposed adverse action report to the Medical Board of California or the National Practitioner Data Bank may request an informal meeting to dispute the text of the report filed. The report dispute meeting shall not constitute a hearing and shall be limited to the issue of whether the report filed is consistent with the final action issued. The meeting shall be attended by the subject of the report, the Medical Director, President of the Medical Staff, the Chairman of the subject's Department, a representative from Administration and the Medical Center's authorized representative, or their respective designees.

If a hearing was held, the dispute process shall be deemed to have been completed upon adoption of a final action pursuant to Section 8.10.

8.10 Report of Final Action

Recommended adverse actions described in Article VIII shall become final only after the hearing and appellate rights set forth in these Bylaws have either been exhausted or waived, and only upon being adopted as final actions by the Governing Body.

ARTICLE IX OFFICERS

9.1 Officers of the Medical Staff

- 9.1-1 The Officers of the Medical Staff shall be:
- I) President
 - II) President-Elect
 - III) Immediate Past President
 - IV) Secretary-Treasurer

9.2 Qualifications of Officers

- 9.2-1 Officers must be members of the Active Medical Staff who have completed the Provisional Staff period at the time of nomination and election, and must remain members of the Active Medical Staff in good standing during their term of office. Failure to maintain such status shall create a vacancy in the office involved.

9.3 Election of Officers

- 9.3-1 The President-Elect and Secretary-Treasurer shall be elected by the Medical Staff in the odd-numbered years. The President-Elect shall succeed to the position of President upon the President's completion of his/her term. Only members of the Active Medical Staff shall be eligible to vote. Should there be three or more candidates and no candidate receives the majority of the votes, there shall be successive balloting such that the name of the candidate receiving the fewest votes is omitted from each successive slate until the majority vote is obtained by one candidate.
- 9.3-2 Nomination of Officers shall be as described under Nominating Committee, Section 9 of the Medical staff Committee Manual.

9.4 The Term of Office

- 9.4-1 All Officers shall serve a two-year term from their election date and shall take office on the first day of the Medical Staff year follows their election. Each Officer will serve in each office until the end of that Officer's term or until a successor is elected, unless the Officer shall sooner resign or be removed from office. At the end of the President's term, the President-Elect shall automatically assume the office of President. No Officer shall serve consecutive terms in the same position.

9.5 Vacancies of Office

- 9.5-1 Vacancies in office during the Medical Staff year except for the Presidency shall be filled by appointment by the Executive Committee of the Medical Staff until the next regular election. If there is a vacancy in the office of the President, the President-Elect shall serve out the remaining term. If the President-Elect is unable to assume the office of the President, a special election will be held to elect a new President. The Nominating Committee will be convened as soon as possible and the election process will take place as set forth in 9.3, except for the requirement that the election take place in an odd numbered year, if applicable.

9.6 Removal of Elected Officer

- 9.6-1 If a Medical Staff Officer ceases to be a member in good standing of the Medical Staff or loses employment or contractual relationship with the Medical Center or with the entity contracting with the Medical Center, or suffers a long or significant limitation of practice privileges, that member may be removed as noted in 9.6-2 below. In addition, any Officer may be removed from office for valid cause, including, but not limited to, gross neglect or misfeasance in office, or serious acts of moral turpitude.

- 9.6-2 Except as otherwise provided in these Bylaws, removal of a Medical Staff Officer may be initiated by the Medical Executive Committee or by a petition signed by at least 25% of the members of the Medical Staff eligible to vote for Officers. Removal shall be considered at a special meeting called for that purpose and shall require a 66% vote of the Medical Staff members eligible to vote for Medical Staff Officers who actually cast votes. If the recall is conducted by mail ballot, the voting shall be by secret written mail ballot. The ballots shall be sent to each voting member at least fourteen (14) days before the voting date and shall be counted by the Secretary-Treasurer of the Medical Staff (except when that office is the subject of the balloting), in which case the President of the Medical Staff shall count the ballots. Two other Medical Executive Committee members shall be present when the ballots are counted.

9.7 Duties of Officers

9.7-1 President:

The President shall serve as Chief Administrative Officer of the Medical Staff to:

- 9.7-2 act in coordination and cooperation with the Medical Director in all matters of mutual concern within the Medical Center.
- 9.7-3 call, preside at, and be responsible for the agenda of all meetings of the Medical Staff.
- 9.7-4 serve as Chairman of the Executive Committee and call, preside at and be responsible for the agenda of all meetings thereof.
- 9.7-5 enforce the Medical Staff Bylaws, Rules and Regulations, implement sanctions where indicated and promote compliance with procedural safeguards where corrective action has been requested or initiated.
- 9.7-6 appoint Committee Chairmen and members to all standing and special Committees except the Executive Committee and the Nominating Committee. Appoint Medical Staff representatives to Interdisciplinary and Liason Committees as required.
- 9.7-7 represent the view, policies, needs and grievances of the Medical Staff to the Medical Director.
- 9.7-8 receive and interpret the policies of the Governing Body.
- 9.7-9 speak for the Medical Staff in its external professional and public relations.
- 9.7-10 serve as Chairman of the Nominating Committee.
- 9.7-11 serve on the Joint Conference Committee.
- 9.7-12 perform such other functions as may be assigned to the President, by these Bylaws, the Medical Executive Committee and/or the Medical Director.
- 9.7-13 **President-Elect:**
In the absence of the President, the President-Elect shall assume all the duties and have the authority of the President. The President-Elect shall be a member of the Executive Committee of the Medical Staff and the Joint Conference Committee and shall automatically succeed the President when the latter is unable to serve for any reason. The President-Elect serves as the Medical Staff representative to the Medical Center's Safety Program and shall perform such other duties as may be assigned.
- 9.7-14 **Immediate Past President**

The Immediate Past President shall be a member of the Medical Executive Committee and a member of the Joint Conference Committee and shall perform such other duties as may be assigned by the President of the Medical Staff or delegated by these Bylaws, or by the Medical Executive Committee.

9.7-15 Secretary/Treasurer:

Shall be a regular member of the Executive Committee of the Medical Staff. The Secretary-Treasurer will keep accurate and complete minutes of all Medical Staff meetings, attend to all appropriate correspondence on behalf of the Medical Staff, and perform such duties as ordinarily pertain to the office or as may be assigned from time to time. The Secretary-Treasurer will be responsible for all monies of the Medical Staff and will keep accurate records of all income and expenses and report to the Executive Committee of the Medical Staff as needed.

ARTICLE X
CLINICAL DEPARTMENTS

10.1 Organization of Departments and Sections

The Medical Staff shall be divided into Clinical Departments, each of which is organized as a separate component of the Medical Staff. Each shall consist of at least 3 members of the Active Staff and have a Chairman who has the authority, duties and responsibilities described in the Bylaws. As appropriate, a Department may be further divided into Sections directly responsible to the Chairman of the Department in which they function.

The following are the Departments and Sections in this Medical Center. Additional Departments and Sections may be created on recommendation of the Medical Director with the approval of the Executive Committee of the Medical Staff.

10.1-1 Department of Anesthesiology, Pain Rehabilitation & Critical Care

- I) Section of Clinical Anesthesia
- II) Section of Pain Management and Rehabilitation
- III) Section of Obstetrical Anesthesia
- IV) Section of Anesthesia Critical Care

10.1-2 Department of Behavioral Health

10.1-3 Department of Emergency Medicine

10.1-4 Department of Family Medicine

- I) Section of Geriatric Medicine

10.1-5 Department of Internal Medicine

- I) Section of Cardiology
- II) Section of Dermatology
- III) Section of Endocrinology
- IV) Section of Gastroenterology
- V) Section of General Internal Medicine
- VI) Section of Hematology/Oncology
- VII) Section of Infectious Disease
- VIII) Section of Nephrology
- IX) Section of Neurology
- X) Section of Pulmonary Disease/Critical Care Medicine
- XI) Section of Rheumatology

10.1-6 Department of Laboratory Medicine

10.1-7 Department of Women's Health Services

10.1-8 Department of Orthopedic Surgery

- I) Section of Upper Extremity Surgery
 - II) Section of Musculoskeletal Trauma
 - III) Section of Podiatry
 - IV) Section of Rehabilitation Medicine
 - 10.1-9 Department of Pediatrics
 - I) Section of General Pediatrics
 - II) Section of Neonatology
 - 10.1-10 Department of Medical Imaging
 - I) Section of Diagnostic Radiology
 - II) Section of Nuclear Medicine
 - III) Section of Radiation Therapy
 - 10.1-11 Department of Surgery
 - I) Section of Burn Surgery
 - II) Section of General Surgery
 - III) Section of Neurological Surgery
 - IV) Section of Ophthalmology
 - V) Section of Oral Surgery/General Dentistry
 - VI) Section of Otolaryngology
 - VII) Section of Plastic Surgery
 - VIII) Section of Urology
 - 10.2 Assignment to Departments and Sections
- Each member shall be assigned membership in at least one Department, and to a Section, if any, within such Department, but may also be granted clinical privileges in other Departments or Sections consistent with clinical privileges granted.
- 10.3 Qualifications, Selection and Tenure of Department Chairman and Section Directors**
- 10.3-1 Department Chairman:
 - 10.3-2 Qualifications:

Each Chairman shall be a member of the Active Medical Staff qualified by training, experience, and demonstrated ability for the position. Each chairman shall be board certified or shall demonstrate that he/she has attained comparable competence through education and experience. Each Chairman shall be required to hold a clinical faculty appointment at a school of medicine affiliated with the Medical Center. Each Chairman shall be full time.
 - 10.3-3 Selection:

Each Chairman shall be appointed by the Director and Medical Director and approved by the Executive Committee of the Medical Staff and Governing Body.
 - 10.3-4 Tenure:

Each Chairman serves at the discretion of the Director and the Medical Director. Removal of a Chairman may occur:
 - 10.3-5 Upon recommendation of the Medical Director with concurrence of the Executive Committee.
 - 10.3-6 Upon recommendation of and a 66% affirmative vote of the voting members of the appropriate Department with concurrence of the Executive Committee, the Director, and Medical Director.
 - 10.3-7 Upon recommendation of a majority of the Executive Committee with concurrence of the Director and Medical Director.
 - 10.3-8 The removal from office of a Chairman will not affect the member's clinical privileges.

10.3-9 Section Director:

10.3-10 Qualifications:

Each Section Director shall be a member of the Active Medical Staff qualified by training, experience, and demonstrated ability for the position. Each Section Director shall be board certified or shall demonstrate that he/she has attained comparable competence through education and experience.

10.3-11 Selection:

Each Section Director shall be appointed by the Department Chairman and approved by the Executive Committee of the Medical Staff.

10.3-12 Tenure:

The Section Director serves at the discretion of the Department Chairman and the Executive Committee. Removal of a Section Director may occur:

10.3-13 Based on recommendation of the Department Chairman with concurrence of the Executive Committee of the Medical Staff.

10.3-14 Upon recommendation of and a 66% affirmative vote of the voting members of the appropriate Department and/or Section with concurrence of the Executive Committee and Department Chairman.

10.3-15 Upon recommendation of a majority of the Executive Committee of the Medical Staff with concurrence of the Director and Department Chairman.

10.3-16 The removal from office of a Section Director will not affect the member's clinical privileges.

10.4 Functions of Department Chairmen and/or Section Directors

10.4-1 Each Chairman and/or Section Director shall:

10.4-2 be accountable for all clinical and administrative activities including research in the Department and/or Section.

10.4-3 develop and implement departmental policies and procedures that guide and support the provision of services in the Department.

10.4-4 oversee the orientation and continuing education of all persons in the department or section.

10.4-5 enforce Medical Staff Bylaws, Rules and Regulations and policies and procedures of the Medical Center and the County within the Department and/or Section.

10.4-6 evaluate and make appropriate recommendations regarding the qualifications of applicants seeking appointment or reappointment.

10.4-7 recommend to the Executive Committee the guidelines for the granting of clinical privileges within the Department.

10.4-8 maintain continuing review of professional performance of all practitioners with clinical privileges or within the Department and/or Section.

10.4-9 determine appropriate qualifications and criteria for monitoring the competence of practitioners who are not granted privileges and who provide direct patient care.

10.4-10 implement in the Department and/or Section actions taken by the Executive Committee of the Medical Staff.

- 10.4-11 perform such additional duties as may be assigned by the Chairman (if applicable), Director and/or Medical Director.
- 10.4-12 a Departmental Performance Improvement Plan which includes quality control activities as indicated to provide a systematic ongoing process for monitoring the quality of care provided.
- 10.4-13 recommend numbers of qualified personnel, space, and supplies and other resources necessary to provide care/service in the Department. This may include recommending to the Medical Director off site sources for needed patient care services not provided by the Medical Center.
- 10.4-14 chair all Department meetings.
- 10.4-15 serve as a member of the Medical Executive Committee.
- 10.4-16 integrate the Department into primary functions of the organization and coordinate inter and intradepartmental activities.
- 10.4-17 prepare reports pertaining to the department as required by the Executive Committee, the Medical Director, or the Governing Body.

10.5 Functions of the Department

- 10.5-1 Each Department shall establish its criteria for the granting of clinical privileges. The Department will be responsible for determining what, if any, training or certification is required in addition to basic licensure. These will be listed in the Departmental Rules and Regulations. These standards shall be consistent with the policies of the Medical Staff, Medical Center, the Governing Body and the applicable requirements of external regulatory agencies. The Department is responsible for delineation of the duties and responsibilities of Allied Health personnel, and for establishing criteria to evaluate the competence and for conducting the necessary reviews. The Department shall ensure that the activities of its students are defined and supervised.
- 10.5-2 Each Department will regularly assess and evaluate the care provided with respect to quality, and appropriateness. This will include but is not limited to tissue and mortality reviews as applicable. Action to resolve identified problems will be taken as indicated. It will provide and/or participate in educational programs and will coordinate patient care activities with hospital based departments. It will provide ~~periodic~~ quarterly written reports of its activities to the Executive Committee and the Quality Management Committee as required.
- 10.5-3 Each Department shall meet no less than quarterly and shall maintain minutes and records of attendance for each meeting.

10.6 Future Departments

The Medical Executive Committee and/or Medical Director will periodically restudy the designation of the Departments and recommend to the Governing Body what action is desirable in creating, eliminating or combining departments for better organizational efficiency and improved patient care. Action shall be effective upon approval by the Medical Executive Committee, Medical Director and Governing Body.

ARTICLE XI COMMITTEES

11.1 Designation

Medical Staff Committees shall include but not be limited to, the Medical Staff meeting as a Committee of the whole, meetings of Departments and Sections, meetings of Committees established under this Article, and meetings of special or ad hoc Committees created by the Medical Executive Committee (pursuant to this Article) or by Departments. The Committees described in this Article shall be the standing Committees of the Medical Staff. Special or ad hoc Committees may be created by the Medical Executive Committee to perform specified tasks. Unless otherwise specified, the Chair, Vice Chair and members of all Committees shall be appointed by and may be removed by the President of the Medical Staff with the approval of the Executive Committee.

11.1-2 Terms of Committee Members

Unless otherwise specified, the term of a Committee member shall be 2 years subject to unlimited renewal. The member shall serve this period unless the member resigns or is removed from the Committee.

11.1-3 Continuity

To the extent feasible, Committee appointments will be staggered so that no more than 75% of the members are newly appointed.

11.1-4 Removal of Committee Members

If a member of a Committee ceases to be a member in good standing of the Medical Staff, loses employment or contractual relationship with the Medical Center or with the entity contracting with the Medical Center, or suffers a loss or significant limitation of practice privileges or if any other good cause exists, that member may be removed from the Committee by the President of the Medical Staff with the concurrence of the Medical Executive Committee.

11.1-5 Vacancies

Unless otherwise specified, vacancies on any Committee shall be filled in the same manner in which the original appointment to the committee was made.

11.1-6 Confidentiality

As a condition of serving on a Committee or attending a Departmental meeting and to the extent provided by law, each member agrees not to divulge any of the peer review proceedings or documents from the meeting. Failure to abide by the confidential nature of the Committee or meeting shall subject the member to immediate corrective action including the possibility of expulsion from the Medical Staff.

11.1-7 Committees

The standing Committees of the Medical Staff Organization are:

Administrative

1. Executive Committee
2. Joint Conference Committee
3. Credentials Committee
4. Committee on Interdisciplinary Practice
5. Continuing Medical Education
6. Physician Well-Being
7. Graduate Medical Education
8. Nominating
9. Bylaws

Clinical

1. Ethics
2. Utilization of Osteopathic Methods and Concepts
3. Transplant

Performance Improvement

1. Quality Management Committee (QMC)
2. Sub-committee of the QMC
 - A. Blood Use
 - B. Infection Control
 - C. Health Information/Utilization Management
 - D. Oncology
 - E. Operative and Other Invasive Procedure Review
 - F. Pharmacy and Therapeutics
 - G. Trauma
 - H. Specialty Care Committee

11.3 The Medical Executive Committee

11.3-1 Composition

The Executive Committee shall be a standing Committee consisting of Officers of the Medical Staff, Department Chairmen, and two "at-large" members elected by the Medical Staff for a two year term at the same time and in the same manner as provided in Article IX for the nominations and election of Officers. The President of the Medical Staff shall be Chairman of the Executive Committee.

The Medical Center's Director, the Associate Administrator, Patient Services, the Medical Director, shall be ex-officio members of the Committee (without vote).

A Department Chairman who also serves as an Officer of the Medical Staff shall designate a Medical Staff member from the department to represent the department on the Executive Committee.

The Department Chairman of each clinical department shall designate an alternate to attend the Executive Committee meetings and to vote in his/her absence.

One Family Medicine Resident elected by his/her peers in the residency program who shall be a voting member shall represent the House Staff on the Executive Committee.

- 11.3-2 Duties:
- 11.3-3 represent the Medical Staff and to act on its behalf in the interval between Medical Staff meetings, subject to such limitations as may be imposed by these Bylaws.
 - 11.3-4 coordinate and implement the professional and organizational activities and policies of the Medical Staff including those related to the performance improvement program.
 - 11.3-5 receive and acts upon reports and recommendations from the clinical Departments and Committees and other groups as applicable.
 - 11.3-6 implement policies of the Medical Staff not otherwise the responsibility of the Departments.
 - 11.3-7 serves as a liaison between the Medical Staff, the Medical Director and the Governing Body.
 - 11.3-8 recommends action to the Medical Director on matters of medical-administrative nature.
 - 11.3-9 participate in the development of Medical Staff and Medical Center policy, practices and planning such as emergency preparedness.
 - 11.3-10 insure the Medical Staff's full participation in the institutional Performance Improvement Program including an evaluation of the medical care provided by members and non-member contractors.
 - 11.3-11 insure that the Medical Staff complies with the Medical Center's licensure and accreditation requirements and is informed of the accreditation status of the Medical Center.
 - 11.3-12 subject to Governing Body approval, adopt policies regarding the structure of the Medical Staff, the mechanisms to review applications for Medical Staff Membership; and the delineation of individual clinical privileges and the mechanisms to terminate Medical Staff Membership; adopt policies regarding the conducting of fair hearings and the mechanisms to change the Bylaws and other matters relevant to the operation of an organized Medical Staff.
 - 11.3-13 assure the provision of the same level of patient care by all individuals with delineated clinical privileges within and across Medical Staff Departments.
 - 11.3-14 take reasonable steps to promote ethical conduct and competent clinical performance on the part of all Medical Staff members and AHPs, including the initiation of and participation in Medical Staff corrective or review measures when warranted.
 - 11.3-15 disburse revenue from fees or other fund raising activities.
 - 11.3-16 report to the Medical Staff at regular meetings.
 - 11.3-17 review the qualifications, credentials, performance, professional competence and character of applicants and staff members, and make recommendations to the Governing Body regarding staff appointments and reappointments, assignments to Departments, clinical privileges, and corrective action.
 - 11.3-18 take reasonable steps to develop continuing education activities and programs for the Medical Staff.
 - 11.3-19 designate such Committees as may be appropriate or necessary to assist in carrying out the duties and responsibilities of the Medical Staff and approve or reject appointments to those Committees by the President of the Medical Staff.
 - 11.3-20 develop and maintain methods for the protection and care of patients and others in the event of internal or external disasters.

- 11.3-21 establish a mechanism for dispute resolution between Medical Staff members (including limited license practitioners) involving the care of the patient.
- 11.3-22 shall have the power to recommend the amount of annual dues or assessments, if any, for each category of medical staff membership, subject to the approval of the medical staff, and to determine the manner of expenditure of such funds received.
- 11.3-23 review and make recommendations to the Chief Executive Officer regarding quality of care issues related to exclusive contract arrangements for professional medical services. In addition, the Medical Executive Committee shall cooperate in providing relevant input to notice-and-comment proceedings or other mechanisms that may be implemented by Medical Center administration in making exclusive contracting decisions.
- 11.3-24 establish, as necessary, such ad-hoc committees that will fulfill particular functions for a limited time and will report directly to the Medical Executive Committee.

11.4 Reports To Executive Committee

- 11.4-1 Each of the standing and special Committees shall provide scheduled reports to the Executive Committee. The Chairman of each Committee will be expected to attend the Executive Committee meeting at which the Committee report is to be presented or to designate a representative to present the report.
- 11.4-2 Meetings:
The Executive Committee shall meet as often as necessary, but at least ten times per year and shall maintain a record of its proceedings and actions.

11.5 Joint Conference Committee

By Resolution 94-57, the Board of Supervisors in March 1994 established a subcommittee known as the Joint Conference Committee whose purpose is to provide a systematic and effective mean for communication between the Board of Supervisors and the Medical Center's Administration and Medical Staff.

The Committee is made up of two members of the Board of Supervisors, selected by the Board of Directors of the Medical Center, the Medical Director of the Medical Center, the President, Immediate Past President, ~~and the~~ President-Elect of the Medical Staff Organization, Chief Operating Officer, Associate Administrator Professional Services, Associate Administrator Patient Services, and Hospital Compliance Officer.

The Committee is responsible for providing periodic reports to the Board of Supervisors regarding the quality of medical care provided at Arrowhead Regional Medical Center.

The Committee meets quarterly. The Committee is subject to the Ralph M. Brown Act (Government Code Sections 54950 et. seq.).

ARTICLE XII
MEETINGS AND ATTENDANCE REQUIREMENTS

12.1 Medical Staff Meetings

12.1-1 Annual Meeting

There shall be an annual meeting of the Medical Staff on a date and time and in a place determined by the President of the Medical Staff. The President or his/her designee will present or report on actions taken during the preceding year and on other matters of interest and importance to the staff. In the odd numbered years, the slate of candidates approved by the Executive Committee shall be presented to the members for action. Notice of this meeting will be given to members at least 30 days prior to the meeting.

12.1-2 Special Meetings

The President may call a special meeting of the Medical Staff at any time. The President shall call a special meeting upon receipt of a written request from 25% of the members of Active Staff. A person requesting the special meeting shall state the purpose of such meeting in writing. The Medical Executive Committee shall schedule the meeting within 30 days after receipt of such request. No later than 10 days prior to the meeting, notice shall be mailed or delivered to the members of the staff, which includes the stated purpose of the meeting. No business shall be transacted at any special meeting except that stated on the notice calling the meeting.

12.1-3 Regular Meetings

Departments and Chairmen may establish the time for holding regular meetings. Each Department shall meet regularly, at least quarterly, to review and discuss patient care activities and to fulfill other departmental responsibilities. The Chairman shall make every reasonable effort to ensure that the meeting dates are disseminated to the members with adequate notice.

12.1-4 Special Meetings

A special meeting of any Department or Committee may be called by, or at the request of, the Chairman thereof, the Medical Executive Committee, President of the Medical Staff, or by written request from 25% of the Department or Committees' current voting members, but not fewer than 3 members. No business shall be transacted at any special meeting except that stated in the notice calling the meeting.

12.2 Quorum

12.2-1 Definition

The presence of fifty percent of the total membership of the Active Medical Staff at any regular or special meeting of the Medical Staff shall constitute a quorum. The presence of fifty percent of the eligible-voting members of a Committee or Department shall constitute a quorum.

12.2-2 Manner of Action

Except as otherwise stated, the action of a majority of the members present and voting at a meeting, at which a quorum is present, shall be the action of the group. Action may be taken without a meeting if majority of members agree in writing. Valid action may be taken without a meeting if it is acknowledged in writing setting forth the action so taken, which is signed by at least 66-2/3 percent of the members entitled to vote. The meeting chair shall refrain from voting except when necessary to break at tie.

Committee action may be conducted by telephone or email conference which shall be deemed to constitute a meeting for the matters discussed in that telephone or email conference. Valid action may be taken without a meeting, if it is acknowledged in writing setting forth the action so taken, which is signed by a least 66 2/3 percent of the members entitled to vote. Peer review or confidential patient information shall not be communicated via email.

12.2-3 Rights of Ex-Officio Members

Persons serving as ex-officio members of committees are those who serve by virtue of their position. They shall have all rights and privileges of regular members except as otherwise specified.

12.2-4 Voting

Unless otherwise specified in these Bylaws, only members of the medical staff may vote in medical staff department or staff elections, and at department and medical staff meetings. All duly appointed members of medical staff committees are entitled to vote on committee matters, except as may otherwise be specified in these Bylaws.

12.3 Minutes

Minutes of all meetings shall be prepared and shall include a record of the attendance of members and the vote taken on each matter. The Presiding Officer or designee shall sign the minutes. A permanent file of the minutes of each meeting will be maintained. Quarterly summary reports will be provided to the Medical Executive Committee or other designated entity.

12.4 Attendance Requirements

12.4-1 Annual Medical Staff Meeting

A member of the Active or Provisional Medical Staff is expected to attend the Annual Medical Staff meeting.

12.4-2 Committee and Department Meetings

An Active Medical Staff member is expected to attend at least fifty percent of the Department, and/or Section or the Committee meetings to which the member is assigned. Failure to meet the attendance requirements may be grounds for removal from a Committee or for corrective action.

- 12.4-3 At the discretion of the Chairman or Presiding Officer, when a member's practice or conduct is scheduled for discussion at a regular Department, Section or Committee meeting, the member may be requested to attend. If a suspected deviation from standard clinical practice is involved, a notice shall be given at least 7 days before the meeting and shall include the time and place of the meeting and a general description of the issue involved. Failure of a member to appear at any meeting for which notice was given, unless excused by the Medical Executive Committee upon a showing of good cause, may be a basis for corrective action.

12.4-4 Conduct of Meetings

Unless otherwise specified, meetings shall be conducted according to Robert's Rules of Order. However, technical or non-substantive departures from such rules, shall not invalidate action taken at such a meeting.

12.4-5 Absence from Meetings

Any member who is compelled to be absent from any Medical Staff, Department or Committee meeting shall provide to the presiding officer the reason for such absence. The excused absence will be granted by the presiding officer and noted in the Medical Staff, Department or Committee minutes.

When an absence from a Medical Staff Committee meeting has been excused by the presiding officer, the member may arrange for a proxy to attend the committee meeting on his/her behalf. The excused member will have fulfilled his/her attendance obligation and the proxy will be given credit for attending the committee meeting.

12.4-6 Proxy

At the discretion of the presiding officer, the person authorized to act for the member who is excused will have the same voting rights as described in 12.2-4.

12.4-7 Executive Session

Executive Session is a meeting of the Medical Staff Department or Committee which only voting Medical Staff Members may attend, unless others are expressly requested by the Department or Committee to attend. Executive Session may be called by the presiding officer at the request of any Medical Staff Department or Committee member, and shall be called by the presiding officer pursuant to a duly adopted motion. Executive Session may be called to discuss peer review issues, personnel issues, or any other sensitive issues requiring confidentiality.

ARTICLE XIII
IMMUNITY FROM LIABILITY

The following shall be express conditions to any practitioner's application for, or exercise of, clinical privileges at this Medical Center:

An act, communication, report, recommendation, or disclosure, with respect to any such practitioner, performed at the request of an authorized representative of this or any other health care facility, for the purpose of achieving and maintaining quality patient care in this or any other health care facility shall be privileged to the fullest extent permitted by the law.

Such privileges shall extend to members of the Medical Center's Medical Staff, the Governing Body, the other practitioners, the Medical Center Director, the Medical Director or their designees, and to third parties who supply information to any of the foregoing authorized to receive, release or act upon same. For the purpose of this Article the term "third parties" means both individuals and organizations from which information has been requested by authorized representatives of the Medical Staff or Governing Body.

There shall be, to the fullest extent permitted by law, the absolute immunity from civil liability arising from any such act, communication, report, recommendation, or disclosure, even where the information involved would otherwise be deemed privileged.

Such immunity shall apply to all acts, communications, reports, recommendations, or disclosures performed by or made in connection with this or any other health care institution's or organization's activities concerning, but not limited to:

- I) applications for appointment, reappointment or clinical privileges
- II) corrective action, including summary suspension,
- III) hearings and appellate reviews
- IV) quality improvement review including peer review
- V) utilization review, and
- VI) other Medical Center, Departmental, Section, or Committee activities related to the monitoring and improving quality of patient care and appropriate professional conduct
- VII) queries and reports concerning the National Practitioner Data Bank, peer review organization, the Medical Board of California, and similar queries and reports.

Acts, communications, reports, recommendations, disclosures and other information referred to in this Article may relate to a practitioner's professional qualifications, clinical competence, ability, judgment, character, emotional stability, physical and mental condition, or any other matter that may directly or indirectly affect patient care.

In furtherance of the foregoing, each practitioner shall, upon request of the Medical Center, execute releases in accordance with the tenor and import of this Article in favor of individuals or organizations specified above, subject to such requirements, including those of a reasonable effort to ascertain truthfulness, as may be applicable under the laws of this State. Execution of such release shall not be deemed a prerequisite to the effectiveness of this Article.

ARTICLE XIV
CONFIDENTIALITY OF INFORMATION

14.1 General

Records and proceedings of all Medical Staff Committees having the responsibility for evaluation and improvement of quality of care rendered in the Medical Center, including but not limited to, meetings of the Medical Staff, meetings of Departments and Sections, meetings of established Committees, and meetings of special or ad hoc Committees created by the Executive Committee or by departments and including information regarding any member or applicant to this Medical Staff shall, to the fullest extent permitted by law, be confidential.

14.2 Breach of Confidentiality

Discussions or deliberations of Medical Staff Departments, Sections or Committees concerning peer review and qualifications of Medical Staff members and applicants to perform specific procedures will be considered confidential except in conjunction with other hospitals, professional societies, or licensing authority, or except as otherwise provided for by law. Any breach of such confidentiality is inappropriate conduct for this Medical Staff and if the Medical Executive Committee determines such a breach has occurred it may undertake such corrective action as is deemed appropriate.

ARTICLE XV
DOCUMENTS IMPLEMENTING BYLAWS

15.1 Medical Staff Rules and Regulations

This Medical Staff shall adopt Rules and Regulations as may be necessary and shall review them no less than annually and revise them as needed. Recommended changes to the Rules and Regulations shall be submitted to the Medical Executive Committee for review and approval. These changes shall become effective following the approval of the Governing Body, which shall not be withheld unreasonably. The Rules and Regulations shall relate to the proper conduct of the Medical Staff and its organizational activities and shall describe the level of practice that is to be required of each practitioner in this Medical Center. These Rules and Regulations shall be deemed an integral part of the Medical Staff Bylaws. If there is a conflict between the Bylaws and the Rules and Regulations, the Bylaws shall prevail.

15.2 Medical Staff Committee Manual

This Medical Staff shall adopt a Committee Manual, which describes Committees, their composition and responsibilities in order to implement, specifically, the general principles found within these Bylaws, subject to the approval of the Governing Body, which shall not be withheld unreasonably. It shall be reviewed no less than annually and revised as needed. The Committee Manual shall be deemed an integral part of the Medical Staff Bylaws.

15.3 Department Rules and Regulations

Each department shall adopt Rules and Regulations for the purpose of implementing the Medical Staff Bylaws and Rules and Regulations, and to govern the activities within each Department. Departmental Rules and Regulations shall be reviewed at least biennially and shall be submitted to the Medical Executive Committee for approval. Such Rules shall be consistent with the Medical Staff or Medical Center Bylaws, Rules or Policies.

**ARTICLE XVI
AMENDMENTS**

16.1 Bylaws

16.1-1 These Bylaws may be amended or revised after written notice is given to each Active Medical Staff member no less than 10 business days prior to a regular or special Medical Staff Meeting. For adoption, amendments shall require a 66% vote of the quorum present at a general staff meeting or duly called special meeting or a 66% vote of at least 50% of the Active Medical Staff who respond to a ballot by mail. These Bylaws shall be reviewed no less than annually.

16.1-2 Changes in the Bylaws may be recommended from the floor at any regular staff meeting, provided such a motion be adopted by a majority of the Active Medical Staff members present and voting. In such a case, the Bylaws Committee will meet with the author of the motion to draft the changes. This draft will be distributed to the Active Medical Staff 10 business days prior to the vote. For adoption, amendments shall require a 66% majority vote of at least 50% of the Active Medical Staff present at a general staff meeting or duly called special meeting, or a 66% majority vote of at least 50% of the actual Medical Staff who respond to a ballot by mail.

16.1-3 Amendments made pursuant to this section of this Article shall be effective when approved by the Governing Body.

16.1-4 Rules and Regulations and Committee Manual

16.1-5 Medical Staff

The Rules and Regulations and/or Committee Manual of the Medical Staff may be amended as needed by an affirmative vote of a majority of the members attending a regular or special meeting of the Executive Committee of the Medical Staff provided that a written report of the proposed change has been made available to the members of the Executive Committee no less than five business days before the meeting. Changes so approved shall become effective when approved by the Governing Body of the Medical Center.

16.1-6 Departmental

Departmental Rules and Regulations may be amended by an affirmative vote of a majority of the voting members of the department and by a majority of the voting members of the Medical Executive Committee. These Rules and Regulations will become effective when approved by the Medical Executive Committee.

16.1-7 Technical and Editorial Amendments

The Medical Executive Committee shall have the power to adopt such amendments to the Bylaws as are, in its judgment, technical modifications or clarifications, reorganization or renumbering of the Bylaws, or amendments made necessary because of punctuation, spelling or other errors of grammar or expression or inaccurate cross-references. Such amendments shall be effective immediately and shall be permanent if not disapproved by the Medical Staff or the Governing Body. The action to amend may be taken by motion and acted upon in the same manner as any other motion before the Medical Executive Committee. After approval, such amendments shall be communicated in writing to the Medical Staff and Governing Body.

ARTICLE XVII

ADOPTION

These Bylaws, together with the appended Rules and Regulations, adopted at any regular or special meeting of the Medical Staff, shall replace any previous Bylaws, Rules and Regulations, and shall become effective following approval by the Governing Body of the Medical Center, which approval shall not be withheld unreasonably. The Medical Staff will submit the documents to the Governing Body for approval within 30 days of their adoption. The Governing Body will adopt or reject the documents within 60 days of reviewing it. Neither the Governing Board nor the Medical Staff may unilaterally amend the Medical Staff Bylaws, Rules and Regulations and Committee Manual.

In the event that the Governing Body fails to approve the Bylaws as submitted, written notice of the reasons for such action shall be provided to the President of the Medical Staff and to the members of the Bylaws and Executive Committees.

The Bylaws, Rules and Regulations and Committee Manual will be distributed to the Medical Staff and Allied Health Professional Staff within 60 days following approval by the Governing Body.